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# COUNTY COUNCIL OF DURHAM



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## ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1963

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STANLEY LUDKIN, M.D., B.S., D.P.H.

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Health Department,  
County Hall,  
DURHAM.

August, 1964.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my first Annual Report on health in the Administrative County and on the work of the County's combined Health and Welfare Department for the year 1963.

Comments on the various services have been made throughout the report and in accordance with my plan to review specific services each year I have also included special reports on the ambulance service and welfare services generally. To make the report more readable all but the most essential statistical data has been excluded from the text, but for those who require detailed information this has been provided in the final section.

Health in the county continued to be satisfactory. Perinatal, infant, and maternal mortality rates and tuberculosis notification rate for the year were the lowest on record, while the previous year's record low death rate from tuberculosis has been maintained. There was no case of poliomyelitis and for the fifth successive year no case of diphtheria. The health and welfare services, particularly the latter, expanded rapidly during the year although shortage of trained staff governed the rate of development. This scarcity prompted an extension of the policy to appoint trainees suitable for secondment to full-time university or college courses and it is hoped that we shall begin to benefit from these schemes within a few years.

An even closer liaison with the voluntary organisations has been established and they have given us most valuable assistance in numerous fields of activity by supplementing our services or instituting pilot projects.

On the 31st March, 1963, my predecessor Dr. George Wilson retired after almost 37 years with the authority, the last four years of which he had held the appointment as County Medical Officer. I should like to take this opportunity of paying tribute to him and I hope he has many years to enjoy his retirement.

I also wish to thank members of my staff for their assistance and co-operation throughout the year. It has been a very busy year and many demands have been made on them, but I am most grateful for the way they have responded. Finally to you Mr. Chairman, Mr. Vice-Chairman and members of the Health Committee, I must express my appreciation of the support and help given to me so readily and consistently during the year.

Your obedient Servant,

STANLEY LUDKIN,  
County Medical Officer of Health.



## STAFF OF THE COUNTY HEALTH DEPARTMENT

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### COUNTY MEDICAL OFFICER OF HEALTH

George Wilson, M.B., B.S., B.Hy., D.P.H. until 31.3.63.

Stanley Ludkin, M.D., B.S., D.P.H. from 1.4.63.

### DEPUTY COUNTY MEDICAL OFFICER OF HEALTH

Stanley Ludkin, M.D., B.S., D.P.H. until 31.3.63.

R. G. Hendry, M.B., Ch.B., D.P.H., D.Obst., R.C.O.G. from 1.4.63.

### SENIOR WELFARE MEDICAL OFFICER

M. T. McFadden, M.B., B.Ch., B.A.O., D.P.H.

### ASSISTANT WELFARE MEDICAL OFFICERS

L. R. Benham, M.B., B.S., D.P.H. (part-time).

I. E. Brown, M.B., B.Ch., B.A.O. (part-time).

W. J. Coates, M.B., Ch.B., D.Obst., R.C.O.G. (part-time).

M. M. Copland, M.B., Ch.B.

D. Crawshaw, M.B., Ch.B.

J. Dabrowska, M.B., Ch.B.

M. M. Dickinson, M.R.C.S., L.R.C.P.

E. S. Gillespie, M.B., Ch.B. (part-time).

A. J. M. Gilruth, B.Sc., M.B., Ch.B., D.Obst., R.C.O.G., D.C.H. until 31.1.63.

M. E. Hegarty, M.B., B.Ch., B.A.O.\*

J. M. Hegarty, M.B., B.Ch., B.A.O., D.P.H. (part-time).

G. A. Macgregor, M.D., D.P.H. (part-time).

M. W. Rodgers, M.B., B.Ch., B.A.O., D.P.H. (part-time).

L. Ross, M.B., B.S. (temporary).

K. M. Stewart, M.B., Ch.B. (part-time).

H. W. Tonge, M.B., Ch.B. (part-time).

A. Wagg, M.B., B.S.

A. S. M. Wilson, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (part-time).

\* Engaged in work of Children Department.

### ASSISTANT COUNTY MEDICAL OFFICERS

Area No. 1. J. A. Dryden, M.A., B.Sc., M.B., B.Chir., D.P.H., D.I.H.

Area No. 2. T. C. Falconer, M.B., Ch.B., D.P.H., until 15.6.63.

H. C. Weir, M.A., M.B., B.Ch., B.A.O., D.P.H., from 1.7.63.

Area No. 3. R. Hill, M.B., B.Ch., D.P.H.

Area No. 4. J. L. Siddle, M.B., B.S., D.P.H.

Area No. 5. R.C.F. Smith, M.D., D.P.H., until 31.7.63.

P. A. Y. Narayanan, M.B., B.S., D.T.M. & H., D.P.H. from 1.8.63.

Area No. 6. G. A. Macgregor, M.D., D.P.H.

Area No. 7. R. G. Drummond, M.B., Ch.B., D.P.H.

Area No. 8. A. S. M. Wilson, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

Area No. 9. J. M. Hegarty, M.B., B.Ch., B.A.O., D.P.H.

Area No. 10. M. W. Rodgers, M.B., B.Ch., B.A.O., D.P.H.

### MEDICAL OFFICERS OF HEALTH—DELEGATED AUTHORITIES

Easington R.D.—J. W. A. Rodgers, M.B., B.Ch., D.P.H.

Stockton M.B.—H. J. Peters, M.B., B.Hy., D.P.H., D.P.A.

### COUNTY HEALTH INSPECTOR

T. S. Yarrow, C.R.S.H., M.A.P.H.I.

## HEALTH VISITING SERVICE

### SUPERINTENDENT

Miss M. Pattison, S.R.N., S.C.M. (Part 1), R.F.N., H.V. Cert., Nursing Administration (Public Health)  
2 Deputy Superintendents. 110 Health Visitors.

## MIDWIFERY AND NURSING SERVICES

### SUPERINTENDENT

Miss N. Hawkins, S.R.N., S.C.M., R.F.N., H.V. Cert., Q.I.D.N.  
1 Deputy Superintendent. 2 Assistant Superintendents.  
119 District Midwives. 32 District Nurse-Midwives.  
118 District Nurses.

### CHIEF NURSING OFFICERS

Easington R.D.—Miss A. Howarth, S.R.N., S.C.M., H.V. Cert., Q.N.S.  
Stockton M.B.—Miss A. Hansbury, S.R.N., S.C.M., H.V. Cert., Q.I.D.N.

### NURSERIES

4 Matrons. 32 Other Staff.

## MENTAL HEALTH

### EXECUTIVE OFFICER

F. W. S. Taylor, A.A.P.S.W.

12 Mental Welfare Officers. 1 Social Worker.

## TRAINING CENTRES FOR THE MENTALLY SUBNORMAL

7 Supervisors	} Junior Training	1 Manager Warden	} Adult Training
20 Other Staff		7 Other Staff	
	Centres.		Centres.

## DOMESTIC HELP SERVICE

1 Organiser. 15 Assistant Organisers

## HANDICAPPED PERSONS

### SENIOR SOCIAL WORKER

Mrs. L. E. M. Stacey, A.M.I.A. from 1.7.63.  
8 Social Workers (1 part-time). 1 Occupational Therapist.

## BLIND PERSONS

15 Home Teachers

## AMBULANCE SERVICE

### AMBULANCE OFFICER

R. Birch until 13.10.63.  
C. G. Dewen from 14.10.63.

4 Staff Officers (1 for Civil Defence Training).	1 Maintenance Officer.
16 Central Control Staff.	1 Switchboard Operator.
14 Depot Superintendents.	3 Liaison Officers.
5 Depot Telephonists.	277 Driver-attendants.
	4 Mechanics.

## WELFARE SERVICES—RESIDENTIAL ACCOMMODATION

### ADMINISTRATIVE OFFICER

J. Scott

4 Superintendents. 19 Matrons.  
2 Wardens. 322 Other Staff.

## COMMITTEES

The administration of matters affecting public health and of the National Health Service Acts, 1946-1952, and the National Assistance Acts, 1948 and 1951 in so far as they affect the County Council, devolve upon the Health Committee. In connection with the administration of the National Health Service Acts the following standing committees have been established :—

Maternity and Child Welfare.

Ambulances.

Midwifery, Home Nursing, Health Visiting and Domestic Help.

Mental Health.

E. F. Peile County Convalescent Home.

These sub-committees, with the exception of the Mental Health Sub-Committee which meets bi-monthly, have meetings in each month except August. In connection with the administration of the National Assistance Acts there is a standing Welfare Sub-Committee which meets monthly except in August.

## AREA HEALTH SUB-COMMITTEES

The number of meetings held by the area health sub-committees during the year in accordance with scheme adopted by the County Council in 1948 was as follows :—

No. of Area.	Names of County Districts comprised in the area.	Number of members.	Meetings held.
1	Blaydon U.D. Ryton U.D. Whickham U.D.	20	4
2	Jarrow Borough Felling U.D. Hebburn U.D.	21	4
3	Consett U.D. Stanley U.D. Lanchester R.D.	21	4
4	Chester-le-Street U.D. Chester-le-Street R.D.	16	6
5	Boldon U.D. Hetton U.D. Houghton-le-Spring U.D. Seaham U.D. Washington U.D. Sunderland R.D.	29	4

No. of Area.	Names of County Districts comprised in the area.	Number of members.	Meetings held.
6	Crook and Willington U.D. Tow Law U.D. Weardale R.D.	18	4
7	Durham Borough Brandon U.D. Durham R.D.	20	5
8	Barnard Castle U.D. Barnard Castle R.D.	15	4
9	Bishop Auckland U.D. Shildon U.D. Spennymoor U.D.	20	4
10	Hartlepool Borough Billingham U.D. Darlington R.D. Sedgefield R.D. Stockton R.D.	28	5



## SECTION A—GENERAL STATISTICS

Area (in acres) ... ..	620,276
Registrar General's estimate of population, mid-1963 ... ..	969,580
Rateable value as at the 1st April, 1963 ... ..	£28,236,986
Sum represented by a penny rate ... ..	£109,574

### LIVE BIRTHS

	1962			1963		
	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Legitimate ... ..	8,887	8,340	17,227	8,554	8,342	16,896
Illegitimate ... ..	364	319	683	386	357	743
Totals ... ..	9,251	8,659	17,910	8,940	8,699	17,639

	<i>Administrative County,</i>			<i>England and Wales.</i>
	<i>1961</i>	<i>1962</i>	<i>1963</i>	<i>1963</i>
Live birth rate per 1,000 population ... ..	18.2	18.6	18.2	18.2
Illegitimate live births per cent of total live births ...	3.1	3.8	4.2	
Stillbirths ... ..	395	359	344	
Stillbirth rate per 1,000 total live and stillbirths...	22.2	19.7	19.1	17.3
Total live and stillbirths ... ..	17,806	18,269	17,983	
Infant deaths (deaths under 1 year) ... ..	407	467	396	
Infant mortality rates :—				
Total infant deaths per 1,000 total births ... ..	23.4	26.1	22.5	20.9
Legitimate infant deaths per 1,000 legitimate births ...	23.4	26.1	22.2	
Illegitimate infant deaths per 1,000 illegitimate births	27.5	23.4	26.9	
Neo-natal (deaths under four weeks) mortality rate per 1,000 total live births ... ..	16.3	19.3	15.0	14.2
Early neo-natal (deaths under one week) mortality rate per 1,000 total live births. ... ..	13.8	16.4	13.5	
Perinatal (stillbirths and deaths under one week combined) mortality rate per 1,000 total live and still births ...	35.7	35.7	32.4	29.3
Maternal deaths (including abortion) ... ..	5	6	4	
Maternal mortality rate per 1,000 total live and stillbirths	0.28	0.33	0.22	0.28
Total deaths from all causes ... ..	10,737	11,223	11,287	
Death rate per 1,000 population ... ..	11.2	11.6	11.6	12.2

### AREA.

The area of the administrative county is 620,276 acres—143,044 in municipal boroughs and urban districts and 477,232 in rural districts—the mean density of population being 1.56 persons per acre.

The administrative county consists of four municipal boroughs, 21 urban districts and 10 rural districts. The area of each of these districts is given in Table 1, Section H.

### POPULATION.

The Registrar General's estimate of population for the administrative county for mid-year 1963 is 969,580 and shows an increase of 5,030 compared with his estimate for mid-year 1962. The estimated population of each sanitary district in the administrative county is also given in Table 1.

## BIRTHS AND BIRTH-RATES.

The adjusted birth-rate for the administrative county, in accordance with the comparability factor (0.98) supplied by the Registrar General, is 17.8 per 1,000 population. Birth statistics for sanitary districts are shown in Table 1, Section H.

Hospital confinements comprised 61% of the total, the remaining 39% being domiciliary. Details of domiciliary and hospital confinements for the past five years are as follows :—

Year.	Percentage of Total Confinements.	
	Domiciliary.	Hospital.
1959	47	53
1960	45	55
1961	44	56
1962	41	59
1963	39	61

## DEATHS AND DEATH-RATES.

The adjusted death-rate for the administrative county, in accordance with the comparability factor (1.21) supplied by the Registrar General, is 14.0 per 1,000 population.

The main causes of death in the administrative county were diseases of the heart and circulatory system (51.11%)—of which coronary disease figured prominently (20.24% of total deaths), all forms of cancer (17.47%) bronchitis (6.23%) and pneumonia (5.95%).

Table 2—Section H gives a comparison of the percentages of deaths in certain age groups from the beginning of the century and further mortality statistics are provided in Tables 1, 3, 4 and 5—Section H.

## INFANT MORTALITY.

A comparison of infant mortality statistics for the past ten years is given in Table 6—Section H together with similar comparisons of the rates for perinatal mortality, early neonatal mortality and infant mortality one week to one year. All show a steady decline.

## SECTION B—NATIONAL HEALTH SERVICE ACT, 1946

### SECTION 21—HEALTH CENTRES

The first health centre in the administrative county was built at Peterlee and was opened in 1960 although now administered by the Easington Rural District Council. A second health centre at Stockton was completed during 1962 and this is now administered by the Stockton Corporation. Both centres have operated satisfactorily and the facilities are much appreciated by both general practitioners and the local authority staff utilising them.

Dr. Rodgers (Easington) reports that it is significant that there has been a considerable increase in the cross reference between general practitioner and local authority services in the area of the Peterlee health centre and for the first time both can meet on common ground.

Dr. Peters (Stockton) states that the use of the Stockton health centre for health education purposes has lead to improved attendances.

Towards the end of 1963 discussions were held with general practitioners in the Felling area and it is hoped that building work on the health centre in Leam Lane will commence shortly.

### SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

#### A. MATERNITY AND CHILD WELFARE CENTRES.

Progress was made with the building of new welfare centres as envisaged in the "Ten Year Development Plan" and during the year two clinics were transferred to new purpose built premises. The new centre at Newton Aycliffe which provides accommodation for both school health and maternity and child welfare services is situated at the heart of the new town—a town for which considerable further growth is planned. The other new building is in a rapidly expanding housing area at Winlaton. Sessions commenced in the new centres on 14th February at Newton Aycliffe and on 5th November at Winlaton.

In addition to the two premises which were completed, five welfare centres were under construction at Durham (Framwellgate Moor), Ferryhill, Herrington, Jarrow and West Boldon.

Welfare centre sessions were held for the first time in rented premises at Eaglescliffe on 31st May and at Pelaw on 8th July and at the end of the year clinics were being conducted at 99 centres of which 48 were buildings either owned or used solely by the County Council.

A detailed survey of clinic provisions in the administrative county will be completed during 1964. The results should form a basis for consideration of future developments and standardization of practices and premises.

#### 1. *Ante-natal Clinics.*

The reduced number of domiciliary confinements and the tendency for more expectant mothers to obtain ante-natal care from their general practitioners rather than from the local authority clinic resulted in lower attendances at some sessions. Consequently the number of centres holding ante-natal clinics was reduced and at the end of the year there were 26 compared with 40 in the previous year.

In areas where attendances did not justify a regular session for this work, expectant mothers were seen when necessary during child welfare sessions.

Details of attendances for the past three years are as follows :—

	1961	1962	1963
No. on clinic register ... ..	2,598	2,210	1,895
Total attendances ... ..	11,762	9,092	7,665
Average attendance per session ... ..	6	6	5

The following analysis relates to 1,855 of the expectant mothers who attended the ante-natal clinics :—

<i>Duration of pregnancy at time of first attendance.</i>				<i>Age of patients.</i>		
Under 3 months	...		279	Under 20 years	...	157
3-6 months	...		1,164	20-25 years	...	681
6-9 months	...		412	26-30 years	...	496
				31-35 years	...	356
				36-40 years	...	139
Total			<u>1,855</u>	41+ years	...	26
				Total		<u>1,855</u>
<i>Parity.</i>				<i>Place of confinement.</i>		
0	442	5	73	Hospital	...	652
1	536	6	32	Home	...	585
2	355	7	23	Born in ambulance	...	1
3	243	8	16			<u>1,238</u>
4	122	9+	13			
			<u>1,855</u>	Left district	...	47
				Not yet delivered	...	570
						<u>1,855</u>

Ante-natal clinics outside the administrative county area were attended by 772 county expectant mothers who made a total of 2,562 attendances.

## 2. Mothercraft and Relaxation Classes.

Instructions in exercises for ante-natal patients and courses of talks on pregnancy, labour and baby care were given by health visitors and midwives at 13 welfare centres. In addition to those invited from the ante-natal clinics, some mothers were referred to the classes by their general practitioners and by maternity departments of local hospitals.

The mothercraft talks were illustrated by the use of flannelgraphs and practical demonstrations where appropriate and films showing the birth of a baby were exhibited at some of the classes.

A total of 505 mothers took part in these courses and the details of attendances compared with 1962 were :—

							1962	1963
Mothers attending	...	...	...	...	...	...	334	505
Total attendances	...	...	...	...	...	...	1,649	2,716
Average attendance/session		...	...	...	...	...	5	5

### 3. *Post-Natal Clinics.*

Examination of mothers at about the sixth week after confinement was carried out at ante-natal clinics in some areas and at special sessions at 12 centres, most of which were held in conjunction with a birth control clinic. The special post-natal clinics were attended by 153 mothers on 212 occasions and 119 mothers were seen post-natally at other sessions.

#### 4. Child Welfare Clinics.

Observation of the developmental progress of children attending the centres was focused particularly on those considered most likely to have suffered damage as a result of unfavourable influences operating either before, during or after birth. These vulnerable children together with others in the same category who did not attend the centres were the subject of special follow-up home visits by the health visitor.



The following are details of the total clinic attendances compared with previous years.

	1961	1962	1963
No. on clinic registers ... ..	27,076	29,317	29,309
Total attendances ... ..	142,752	153,922	145,861
Average attendance/session ... ..	27	26	24

As can be seen from these figures although there were fewer attendances in 1963 than during the previous year the numbers remained higher than in 1961. The low figure resulted mainly from a reduction in attendances during the first quarter of the year when the weather conditions were most severe.

#### 5. Mothers' Clubs.

It is not always possible to carry out group health education, particularly in rented premises where room is limited and much health education is carried out at mothers' clubs. These clubs are run by the mothers themselves under the guidance of the health visitor. It is found that, without the presence of babies and children, mothers are more able to take part in activities and discussions.

#### 6. Health Visitor Sessions.

In some cases the health visitor needs more time to interview a mother than is normally available in the middle of a busy infant clinic, and many rented premises do not have sufficient accommodation for a separate health visitor consultation room to be provided for this purpose. To enable screening tests of hearing to be carried out in a quiet room, special sessions were introduced at 23 centres during the year to which mothers were invited. The total attendance for the year was 5,732, the average attendance per session being nine.

#### 7. Birth Control Clinics.

Advice on family planning was sought by 1,406 mothers at special sessions and by 35 mothers at other clinic sessions.

Total attendances at the 18 clinics was 3,522 compared with 3,217 in 1962.

#### 8. Artificial Sunlight Clinics.

The demand for ultra violet ray therapy is gradually diminishing and in areas where the numbers fell to a low level the sessions were discontinued. By the end of the year the number of centres where this treatment was available had been reduced to 21.

Total attendances were 8,693 and the following is a comparison with previous years of the number of patients who received treatment.

	1961	1962	1963
Patients treated ... ..	1,287	917	711
Total attendances ... ..	15,419	12,106	8,693
Number of sessions ... ..	2,390	2,180	1,725
Average attendance/session ... ..	6	6	5

#### 9. Welfare Foods.

Members of voluntary committees continued to make a valuable contribution to the work of the department by accepting responsibility for the distribution of welfare foods at 70 centres. National dried milk and the vitamin preparations were obtainable from 128 centres including all child welfare clinics and 29 other premises.

A further reduction occurred in the amount of National dried milk and vitamin tablets sold during the year but the uptake of liquid vitamin preparation increased slightly.

The following statement shows the amounts issued during the year together with comparative figures for 1962 :—

	1962	1963
National dried milk (tins) ... ..	190,822	169,249
Orange juice (bottles) ... ..	104,412	118,916
Cod liver oil (bottles) ... ..	18,982	19,404
Vitamin tablets (packets) ... ..	11,294	9,643



## B. DENTAL TREATMENT OF MOTHERS AND YOUNG CHILDREN.

The arrangements for the priority dental service were supervised by the Principal School Dental Officer and treatment was available for mothers and children at 20 centres, including the new centre at Newton Aycliffe and at any of the four mobile dental vans in certain areas of the county.

The considerable decrease in the number of mothers attending for treatment in 1963 was no doubt partly due to many of them obtaining dental care from private practitioners who are now able to provide both treatment and dentures free of charge to this priority group.

As far as children under five years were concerned, the numbers who received dental treatment increased slightly. This is a step in the right direction as these are our future school children and this prophylactic treatment can prevent many dental defects occurring during and after school life.

Unfortunately the proposed scheme mentioned in the 1962 Report which envisaged that children attaining the age of three years would be sent an appointment to attend the dental clinic for examination has not yet been commenced but it is hoped that a start will be made in 1964.

Although certain times at the various dental clinics are set aside for the priority dental service, if a parent is taking a child of school age for an appointment with the school dental officer a pre-school sibling will be seen at the same time to obviate the parent having to make another journey to attend a special session.

Comparative attendance figures for 1961-63 were:—

	Mothers.			Children.		
	1961	1962	1963	1961	1962	1963
New cases examined ... ..	349	420	130	281	350	492
Treatments commenced ... ..	366	436	135	208	266	300
Patients made dentally fit ... ..	103	129	51	167	170	180
Scalings and gum treatments ... ..	89	94	41	7	13	15
Fillings ... ..	172	206	86	134	213	242
Silver nitrate treatment ... ..	4	1	—	68	102	152
Crowns or inlays ... ..	26	2	—	—	—	—
Extractions ... ..	466	584	160	185	271	296
General anaesthetics ... ..	30	41	15	35	77	97
Dentures provided :						
Full upper or lower ... ..	47	12	15	3	—	—
Partial upper or lower ... ..	23	5	9	1	—	—
Radiograph ... ..	3	3	2	—	5	—

#### C. CARE OF UNMARRIED MOTHERS AND THEIR BABIES.

Unmarried expectant mothers are accommodated in appropriate cases at the County Council's mother and baby home, Smelt House, Howden-le-Wear, where there are 17 beds and 9 cots. The number of expectant mothers admitted during 1963 was 77 and the average length of stay was five weeks before confinement and three weeks after discharge from hospital.

When there were no vacancies at Smelt House and in cases where it was considered advisable that a mother should be accommodated elsewhere, other arrangements were made and for these reasons 33 expectant mothers were admitted to homes outside the county.

#### D. E. F. PEILE HOME, SHOTLEY BRIDGE.

This convalescent home, which is administered by the County Council, has accommodation for 9 mothers with infants and 24 children.

Recommendations for convalescence were made by general practitioners, assistant welfare medical officers, health visitors and hospital almoners and 110 mothers, 72 infants and 259 children were admitted during 1963. The average duration of stay was 18 days for mothers and 21 days in the case of infants and children.

The E. F. Peile Home is approved by the Ministry of Health for the training of nursery nurses and two students were under training at the end of the year.

#### E. DAY NURSERIES.

The four day nurseries in the county are all approved for training purposes. A total of 220 places are available and details of the accommodation and average attendance at each establishment were as follows :—

<i>Nursery.</i>	<i>Number of Places.</i>	<i>Average Attendances.</i>
Haverton Hill ... ..	20	14
Hebburn ... ..	80	47
Stockton—		
(a) Durham Road ... ..	60	37
(b) Norton Road ... ..	60	24

#### F. COUNTY FEDERATION OF VOLUNTARY WORKERS.

Meetings were held on four occasions during the year. These meetings give an opportunity for members to exchange ideas and to hear of the work carried out in the county as a whole. Talks were given on the Mental Health Service by the Mental Health Executive Officer and by the Principal School Dental Officer.

#### G. PERINATAL MORTALITY.

An investigation first started in 1956 and continued annually in the Stanley and Consett Urban Districts into the circumstances of all still-births and early neonatal deaths and including post mortem examinations of the infants was also carried out during the year in the Durham City and Brandon area. The results of these investigations are reported at meetings of general practitioners, hospital medical staff and local health authority medical officers in the area. Information on the cause of death, associated avoidable factors, etc. is provided and discussed.

The importance of adequate ante-natal care and proper selection of hospital cases becomes very obvious during these investigations. The co-operative effort between general practitioner, hospital and local health authority services is found to be very beneficial.

One of the major factors in perinatal mortality is prematurity.

## H. PREMATUREITY.

The number of premature live births fell in 1963 to 1,181 compared with 1,339 in the previous year. The proportion of all live births which were premature for the two years was 6.7% and 7.48 % respectively.

Nearly half of the infants who died during the first year of life were premature and the majority of these deaths occurred during the first month.

The neonatal mortality rate of premature babies was 138.0 per 1,000 premature live births compared with a rate of 6.0 for mature infants.

Details of premature births according to place of delivery and birth weight are given below :—

Weight at Birth.	Born in Hospital.			Born at home or in a nursing home.					
				Nursed entirely at home or in a nursing home.			Transferred to hospital on or before 28th day.		
	Total Births.	Died within 28 days.	% died.	Total Births.	Died within 28 days.	% died.	Total Births.	Died within 28 days.	% died.
2 lb. 3 oz. or less ...	49	47	95	6	6	100	7	7	100
2 lb. 3 oz.— 3 lb. 4 oz. ...	66	31	47	3	3	100	17	8	47
3 lb. 4 oz.— 4 lb. 6 oz. ...	179	24	14	15	1	7	33	3	9
4 lb. 6 oz.— 4 lb. 15 oz. ...	197	13	7	35	—	—	22	4	18
4 lb. 15 oz.— 5 lb. 8 oz. ...	367	8	2	165	2	1	20	6	30
Totals ...	858	123	14	224	12	5	99	28	28

The mortality experience of premature babies born between 1953 and 1957 and those born in 1963 has been compared by calculating the number of deaths in each weight group according to place of birth as shown in the above table, which would have occurred in 1963 if the death rates in each group had been the same as for the earlier period. The expected number of neonatal deaths was 206 whereas the actual number was 163.

*Care of Premature Infants Born at Home.* Equipment for the home nursing of premature infants, including lined “ Sorrento ” cots, with mattress, blankets, sheets, hot water bottles, gamgee outfits and “ Belcroy ” feeders is available at short notice to any midwife who requires it.

There is a special unit for premature infants at the Richard Murray Hospital, Blackhill, and, if in other areas, institutional treatment is considered desirable the general practitioner arranges admission to a paediatric unit.

An incubator for the transport to hospital of premature babies is kept constantly warmed at the Ambulance Headquarters, Framwellgate Moor and arrangements are in operation for the use of incubators based at Newcastle upon Tyne ambulance depot and at certain hospitals in the county area.

# I. MATERNAL MORTALITY.

The following are details of maternal mortality in the county during the past ten years :—

		<i>Births registered (live and still).</i>	<i>No. of Maternal deaths.</i>	<i>Maternal Mortality Rate. per 1,000 births registered.</i>
1954	...	16,138	14	0.87
1955	...	16,128	7	0.50
1956	...	16,842	18	1.07
1957	...	17,506	7	0.40
1958	...	17,827	8	0.45
1959	...	17,384	6	0.35
1960	...	18,045	6	0.33
1961	...	17,806	5	0.28
1962	...	18,269	6	0.33
1963	...	17,983	4	0.22

The following is an analysis of some features of the four deaths occurring during 1963 :—

## *Ages.*

20-29	...	...	...	...	...	1
30-39	...	...	...	...	...	3

## *Ante-Natal Care.*

None	...	...	...	...	...	2
Hospital and General Practitioner	...	...	...	...	...	1
Attended hospital	...	...	...	...	...	1

## *Health during ante-natal period.*

Good	...	...	...	...	...	2
Pre-existing disease	...	...	...	...	...	1
Not known	...	...	...	...	...	1

## *Causes of death.*

Toxaemia of pregnancy	...	...	...	...	...	2
Placenta Praevia	...	...	...	...	...	1
Septic Abortion	...	...	...	...	...	1

## *Results.*

Premature live-births	...	...	...	...	...	1
Full-time still-births	...	...	...	...	...	1
Abortion	...	...	...	...	...	1
Undelivered	...	...	...	...	...	1



## SECTION 23—MIDWIFERY

### (i) STAFF.

At the end of the year 119 district midwives and 32 district nurse-midwives, who spent approximately half their time on midwifery duties, were employed and relief work was undertaken by three midwives on a part-time basis. Difficulties in recruitment resulted in a shortage of staff in certain areas and the services of four midwives were retained beyond normal retirement for this reason.

Car allowances were paid to 98 district midwives who used their own cars on duty.

The following numbers of midwives gave notice of intention to practice in the administrative county during the year :—

District midwives	...	...	...	...	140
District nurse-midwives	...	...	...	...	34
Midwives in hospitals	...	...	...	...	90
Midwives in private practice	...	...	...	...	6
					<u>270</u>

### (ii) CASES.

Although domiciliary confinements continued to decrease more patients were discharged from hospital before the tenth day particularly those returning home 48 hours after delivery.

				1962	1963
Domiciliary confinements during the year	...	...	...	7,528	6,976
Hospital patients discharged before the tenth day	...	...	...	3,026	3,783

Premature babies born at home who do not have to be admitted to hospital are cared for by the midwife.

In addition to reporting any abnormality in a mother or baby, details about infants considered to be 'at risk' were notified to the County Medical Officer for the purposes of the register of these children.

In order to improve the liaison in the domiciliary maternity services midwives continued to attend a number of ante-natal clinics held by general practitioners in their own surgeries, and it was possible to make more of these arrangements during the year.

Midwives were also present at the local authority ante-natal sessions and worked with health visitors as instructors at mothercraft and relaxation classes at child welfare centres in five areas of the county.

The following gives details of work undertaken during 1963 :—

	Doctor not booked.		Doctor booked.		Totals.	Discharges from hospital before 10th day.
	Doctor present at delivery.	Doctor not present at delivery.	Doctor present at delivery.	Doctor not present at delivery.		
District midwives and nurse-midwives...	25	207	1,241	5,426	6,899	3,783
Midwives in private practice	3	—	36	38	77	—
Total	28	207	1,277	5,464	6,976	3,783



The midwives requisitioned medical help on 2,064 occasions, and the following statement gives particulars as to the reasons for so doing :—

1.	Ante-natal examination—general	...	...	...	...	...	...	...	41
2.	Ante-natal examination—albuminuria	...	...	...	...	...	...	...	240
3.	Threatened miscarriage	...	...	...	...	...	...	...	27
4.	Miscarriage	...	...	...	...	...	...	...	14
5.	Contracted pelvis, disproportion between child and pelvic outlet	...	...	...	...	...	...	...	7
6.	Malpresentation	...	...	...	...	...	...	...	98
7.	Ante-partum haemorrhage	...	...	...	...	...	...	...	79
8.	Placenta praevia	...	...	...	...	...	...	...	1
9.	Prolonged or delayed labour, uterine inertia	...	...	...	...	...	...	...	223
10.	Post-partum haemorrhage	...	...	...	...	...	...	...	77
11.	Retained or adherent placenta or membranes	...	...	...	...	...	...	...	49
12.	Ruptured perineum	...	...	...	...	...	...	...	552
13.	Premature birth	...	...	...	...	...	...	...	93
14.	Puerperal pyrexia	...	...	...	...	...	...	...	41
15.	Other conditions of mother	...	...	...	...	...	...	...	46
16.	Inflammation of child's eyes	...	...	...	...	...	...	...	53
17.	Congenital malformation	...	...	...	...	...	...	...	10
18.	Other conditions of baby	...	...	...	...	...	...	...	159
19.	Stillbirth	...	...	...	...	...	...	...	6
20.	Neonatal death	...	...	...	...	...	...	...	1
21.	Other reasons	...	...	...	...	...	...	...	247

### (iii) COURSES AND TRAINING.

Lectures by senior nursing administrative staff were given to groups of pupil midwives, and domiciliary midwifery training continued under the supervision of eight teaching midwives. All of the 23 pupils were successful in Part II of the examination of the Central Midwives Board.

Senior student nurses from Dryburn Hospital and Bishop Auckland General Hospital, undergoing general nursing training accompanied district midwives for observation visits.

Post graduate courses were attended by 26 district midwives in accordance with the rule of the Central Midwives Board.

## SECTION 24—HEALTH VISITING

Health visitors continued their work as health educators in the promotion of positive community health. Home visits were paid to advise mothers on matters concerning the health and welfare of their families with special regard to expectant and nursing mothers, pre school and school children, those suffering from or in contact with tuberculosis and the aged and infirm. Supervisory visits were also made to patients discharged from hospital, and to mentally subnormal persons in the community.

Special emphasis was given to the follow up of children with congenital abnormalities both physical and mental and to various other groups "at risk" and enquiry was made concerning stillbirths and deaths of children from prematurity, pneumonia, bronchitis and accident.

Co-operation was continued with moral welfare workers in the care of the unmarried mother and her child and with the children's officer in the boarding out and adoption of children.

Intensive visiting was necessary, to prevent the break up of a number of families and a good deal of assistance was obtained for them from various statutory and voluntary organisations.

During the year health visitors became eligible for car allowances and this made it possible to increase case-loads.

### HEALTH EDUCATION.

In addition to individual health teaching in the home and group discussions in child welfare centres, a number of health days were held at the centres throughout the county when special topics were chosen and presented to the public by demonstrations, talks and films. These health days were well attended. Talks were given to various professional and other groups and 26 health visitors were active in 14 mothers clubs during the year. The series of talks on mothercraft were continued in the Boldon Modern Girls' School throughout the year and mothercraft and relaxation classes were held at 13 child welfare centres.

### IMMUNISATION AND VACCINATION.

An increasing amount of time was spent in carrying out immunisation and vaccination programmes including a scheme for the heaf testing and follow up of school entrants which was commenced late in the year.

### SCREENING TESTS FOR PHENYLKETONURIA

As a result of routine examination for phenylketonuria seven of the preliminary tests were positive. Further tests were carried out with the following conclusion :—

Confirmed case of phenylketonuria	...	...	...	...	...	...	...	1
Suspected case admitted to hospital, urine chromatography negative	...	...	...	...	...	...	...	1

### DETECTION OF HEARING DEFECTS IN YOUNG CHILDREN.

During the year members of the staff of the Department of Audiology and Education of the Deaf, University of Manchester, conducted on our behalf a course of instruction at Bede College, Durham, on the "Early Detection of Hearing Defects". Forty-eight health visitors attended. It was then possible for sessions to be commenced at some child welfare centres for the early ascertainment of deafness in young children.

### THE MENTALLY SUBNORMAL

Health visitors continued to visit the mentally subnormal in their own homes giving advice to patients and support to their relatives. Supervision of a number of the adult male mentally subnormal persons was taken over during the year by mental welfare officers.

### TUBERCULOSIS.

Home visits were paid to tuberculous persons and their families and contacts were advised on the prevention of spread of infection. Health visitors attended the chest clinics and cases under supervision were discussed with the chest physicians. Heaf testing was carried out by the health visitor in chest clinics and in schools and assistance given with B.C.G. vaccination and follow-up. Special visits were paid to tuberculous households requiring the service of home helps.

# HEALTH VISITOR/GENERAL PRACTITIONER LIAISON SCHEME.

The health visiting staff worked continually to improve liaison with general practitioners. During the year 15 health visitors attended general practitioners' surgeries undertaking health education and mothercraft teaching. Discussions were particularly valuable in the care of patients discharged from hospital and in the care of the aged.

## HOSPITAL FOLLOW UP.

There was increasing liaison with medical staffs and almoners in all types of hospitals and health visitors investigated the social and medical aspects of patient care in the community. During the year arrangements were made with the consultant paediatrician for a health visitor to attend a weekly ward round and outpatient clinic at the Durham Road Children's Hospital, Stockton-on-Tees.

## THE AGED.

The time needed for visiting the aged and maintaining them in their own homes to keep them healthy, ambulant and socially acceptable continued to increase. Investigations were made into the suitability of the aged for residential accommodation and for such services as meals on wheels, laundry service, medical aids and equipment and convalescent holidays. Liaison was maintained with almoners regarding the social welfare of patients admitted to or discharged from hospital.

## SUMMARY OF THE WORK DONE BY HEALTH VISITORS.

The work of the health visitors for 1962 and 1963 is summarised below.

Maternity and Child Welfare :—										1962	1963
Ante-Natal First visits	...	...	...	...	...	...	...	...	...	5,158	4,735
Revisits	...	...	...	...	...	...	...	...	...	2,493	2,263
Births First visits	...	...	...	...	...	...	...	...	...	17,896	17,528
Revisits to children under 1 year	...	...	...	...	...	...	...	...	...	51,044	50,436
Revisits to children 1-2 years	...	...	...	...	...	...	...	...	...	39,643	37,548
Revisits to children 2-3 years	...	...	...	...	...	...	...	...	...	35,334	34,471
Revisits to children 3-4 years	...	...	...	...	...	...	...	...	...	33,703	31,898
Revisits to children 4-5 years	...	...	...	...	...	...	...	...	...	36,221	35,383
Revisits to children 5-6 years	...	...	...	...	...	...	...	...	...	798	1,031
Other visits	...	...	...	...	...	...	...	...	...	4,292	7,513
Total										226,582	222,806
Tuberculosis :—											
First visits	...	...	...	...	...	...	...	...	...	558	596
Revisits	...	...	...	...	...	...	...	...	...	11,205	6,778
Other visits	...	...	...	...	...	...	...	...	...	887	667
Total										12,650	8,041
School Work :—											
School Children (Home visits)	...	...	...	...	...	...	...	...	...	12,554	15,947
School Children (School visits)	...	...	...	...	...	...	...	...	...	1,715	1,308
Total										14,269	17,255
General Health :—											
Visits	...	...	...	...	...	...	...	...	...	2,690	5,024
Mental Subnormality :—											
Visits paid to mentally subnormal persons	...	...	...	...	...	...	...	...	...	6,815	6,367
Aged People :—											
Visits	...	...	...	...	...	...	...	...	...	9,730	26,046

Summary :—								1962	1963
Number of effective visits	...	...	...	...	...	...	...	272,736	285,539
Ineffective visits	...	...	...	...	...	...	...	34,671	33,682
Total number of visits	...	...	...	...	...	...	...	307,407	319,221
Time (as days) spent on visits (routine, other and ineffective)	...	...	...	...	...	...	...	13,895	14,414

#### STAFF.

At the end of the year the health visiting staff numbered 116 including four working part-time only.

#### HEALTH VISITORS TRAINING SCHOOL.

All nine students in training were successful in obtaining the Health Visitor's Certificate at the first attempt.



## SECTION 25—HOME NURSING

### (i) STAFF.

In addition to 118 whole-time district nurses on the staff at the end of 1963 there were 32 district nurse-midwives who spent approximately half their time on home nursing duties. A further 36 nurses were employed on relief work during the year.

At the end of the year 85 nurses and 22 nurse-midwives were authorised car users.

### (ii) CASES.

The total number of cases dealt with and visits paid by home nurses during 1963 showed a small increase and although there were fewer patients of 65 years of age and over, more visits to this age group were required, in many cases for injection therapy. Of the total case load 42% were over 65 years of age and this group received 65% of the visits paid. Maternal complications requiring the visit of a home nurse showed some increase over the previous year's figures.

During the year a "Night Sitters" service for cancer patients in the terminal stages of their illness was established with the financial support of the Marie Curie Memorial Foundation. By the end of the year three nurses with training or experience appropriate to the needs of the patient had been engaged on these duties and it is expected that the service will extend as its existence in the county becomes known.

Much help has been given in the form of grants of money for extra nourishment through the Marie Curie Memorial Foundation, for which the County Council acts as Agent.

Good liaison between nurses and general practitioners was maintained and there were more contacts with almoners in the care of patients discharged from hospitals.

### (iii) COURSES AND TRAINING.

Student nurses from Shotley Bridge General Hospital, Bishop Auckland General Hospital and Dryburn Hospital accompanied home nurses for observation visits on the district as a part of their training and lectures on home nursing were given to them and also to student nurses at Sedgefield General Hospital by senior nursing administrative staff.

A study day held on Tuesday, 26th November at Shotley Bridge General Hospital was attended by 12 district nurses.

Six district nurses were seconded to the training school at Newcastle upon Tyne for district nursing training and all were successful in passing the examination.

Home Nursing statistics are given in Table 7—Section H.



## SECTION 26—VACCINATION AND IMMUNISATION

### SMALLPOX, DIPHTHERIA AND WHOOPING COUGH.

Leaflets drawing attention to the need for children to be protected against smallpox, diphtheria and whooping cough are sent to parents by post when their children attain the age of three months. Further leaflets regarding smallpox vaccination and diphtheria immunisation are despatched when children are one year old and in the case of diphtheria again at four years and nine months. These leaflets give details of the facilities available for vaccination and immunisation and urge parents to have their children protected against smallpox, diphtheria and whooping cough.

The health visitors are supplied with details of the vaccination and immunisation state of children in their areas so that they may, during their routine visiting, encourage parents to take advantage of the facilities. Advice is also given by assistant welfare medical officers and health visitors at child welfare centres.

The vaccinations and immunisations are carried out by the general practitioners at their surgeries and by the assistant welfare medical officers at child welfare centres.

During the year diphtheria immunisation schemes were undertaken in infant and junior schools in most parts of the County.

Tables 8, 9 and 10, Section H, give details of the numbers of children vaccinated and immunised in the County throughout the year.

### POLIOMYELITIS VACCINATION.

When the children attain the age of three months parents receive leaflets drawing attention to the need for their children to be protected against poliomyelitis. These vaccinations are carried out by the general practitioners at their surgeries, or by the assistant welfare medical officers at child welfare centres. At the end of the year 353,030 persons had received a primary course of two injections of "salk" vaccine or three doses of "sabin" oral vaccine. Of those vaccinated with "salk" vaccine 250,863 had received a third reinforcing dose of vaccine, while 68,870 had received a fourth reinforcing vaccination with either "salk" or "sabin" vaccine. Table 11 gives details of the poliomyelitis vaccinations carried out during the year.

### SCHEDULE OF VACCINATION AND IMMUNISATION.

The following is the schedule of Vaccination and Immunisation in use in the county.

Age.	Vaccine.						Interval.
3rd month	...	Triple (diphtheria, tetanus and pertussis)	...	...	(1st)	4 weeks	
4th month	...	Triple (diphtheria, tetanus and pertussis)	...	...	(2nd)		
5th month	...	Triple (diphtheria, tetanus and pertussis)	...	...	(3rd)		
6th month	...	Poliomyelitis oral	...	...	...	(1st)	4 weeks
7th month	...	Poliomyelitis oral	...	...	...	(2nd)	
8th month	...	Poliomyelitis oral	...	...	...	(3rd)	
12th-24th	...	Smallpox vaccination.					
18th month	...	Triple (diphtheria, tetanus and pertussis)	...	...	1st booster		
5th year	...	Diphtheria and tetanus	...	...	...	2nd booster	
	...	Poliomyelitis oral	...	...	...	1st booster	
9th year	...	Diphtheria and tetanus	...	...	...	3rd booster	
	...	Smallpox (re-vaccination)					
11th year	...	B.C.G. (tuberculosis vaccine)					

## SECTION 27—AMBULANCE SERVICE

### 1. PRESENT ARRANGEMENTS.

The service operates by means of a central control at Framwellgate Moor, Durham City, two subsidiary message receiving centres, 19 ambulance depots, 112 ambulance vehicles and 326 staff.

These are distributed as follows :—

#### (a) Headquarters and Central Control Staff.

Ambulance officer.	6 control room assistants.
4 Staff officers (1 for civil defence training).	5 telephonists.
Maintenance officer.	Radio operator.
4 control room supervisors.	Switchboard operator.

#### (b) Depots.

	Driving Staff.	Vehicles.		Driving Staff.	Vehicles.
Barnard Castle ...	2	1	New Herrington ...	24	6
Bishop Auckland ...	30	9	Newton Aycliffe...	1	1
Chester-le-Street ...	12	6	Seaham ...	8	4
Consett ...	12	6	Stanley ...	28	8
Crook ...	7	6	St. John's Chapel ...	2	1
Durham ...	39	16	Stockton ...	30	10
Fishburn ...	10	5	Washington ...	8	5
Hartlepool ...	5	1	Wheatley Hill ...	32	11
Hebburn ...	29	10	Winlaton ...	10	5
Middleton-in-Teesdale	2	1			

#### (c) Other Staff.

3 liaison officers.
5 depot telephonists.
4 mechanics.

To ensure that peripheral parts of the county are covered for emergency purposes the County Council has arrangements with the County Boroughs of Darlington, Hartlepool and South Shields, whereby the Borough ambulance services undertake journeys for the County Council a charge being made to the County Council. The charges made are on a mileage basis with a minimum call-out fee in each case.

### 2. WORK UNDERTAKEN IN 1963.

Year.	No. of Journeys made.	No. of patients carried.			Total Mileage covered.
		Stretcher cases.	Sitting cases.	Total.	
1962 ...	95,417	55,274	306,729	362,003	2,448,132
1963	95,865	57,152	326,217	383,369	2,554,115
Increase ...	448	1,878	19,488	21,366	105,983

*Long Distance Journeys.* The following is a statement of long distance journeys undertaken during the year :—

Cheshire	...	...	...	...	2	Lancashire	...	...	...	...	1
Cumberland	...	...	...	...	50	Nottinghamshire	...	...	...	...	3
Derbyshire	...	...	...	...	1	Yorkshire	...	...	...	...	57
Essex	...	...	...	...	6	Scotland	...	...	...	...	3
Totals :					Journeys	...	...	...	...	123	
					Mileage	...	...	...	...	26,097	

In addition to the long distance journeys undertaken by ambulances, arrangements were made for 129 patients to be transported by rail and on two occasions during the severe weather conditions at the beginning of the year patients from isolated districts were removed by helicopter. Trends and detailed statistics from 1948 are shown in Table 12—Section H.

At the end of the year there were 112 vehicles operating, 4 less than at the end of 1962 and 8 below establishment.

	<i>Ambulances Conventional.</i>	<i>Light Sitting-case vehicles.</i>	<i>Cars.</i>
Number of vehicles at beginning of year	96	18	2
Unserviceable and withdrawn during the year	19	—	—
New vehicles	15	—	—
Number of vehicles at end of year	92	18	2

Four mechanics are employed and operate from repair units located at Crook, Durham, Stanley and Wheatley Hill. Major repairs are carried out at the Central Repair Depot of the Highways and Bridges Committee.

A local improvement in the service was effected by the appointment of two additional telephonists for the Stockton Message Receiving Centre thus affording at all times cover by telephonists in this area, and by the transferring of the message receiving functions at the Hebburn and Stanley depots to the Central Control. An improved service also became available in the South-Western part of the County with the opening of the Newton Aycliffe out-station.

Casual labour was again recruited to provide temporary driver-attendants during the holiday period of the permanent driving staff.

Liaison was maintained throughout the year with trade union representatives regarding staff working conditions and amenities generally.

The arrangement entered into with the National Coal Board for emergency ambulance cover at week-ends was extended for another year.

### 3. REVIEW OF THE SERVICE.

As mentioned in the introduction to this report the ambulance service was the subject of a major review during the year.

The purpose was to consider the efficiency of the service taking into account (a) the standard of service provided and (b) its cost as compared with the cost of services in other comparable counties.

In an attempt to make the review as comprehensive as possible consideration was also given to the following operational factors which obviously affect the standard of service provided :—

- A. (i) the adequacy of number of operational vehicles ;
- (ii) the appropriate ratio of sitting case cars to ambulance and dual purpose vehicles ;
- (iii) the most economical and efficient use of existing vehicles ;
- (iv) the optimum economical life of vehicles ;
- (v) complaints regarding inadequacy of heating of ambulances.



- B. (i) the adequacy in the number of staff—both control and operational—account being taken of recent reduction of work hours per week and the amount of sickness and absenteeism ;
- (ii) the efficient and economic utilisation of existing staff ;
- (iii) annual overtime costs ;
- (iv) employment of casual drivers.

C. Staff problems and adequacy of consultation.

Since all these factors are inter-related, deficiencies in one aspect can affect the efficiency of another otherwise satisfactory aspect. It was therefore very difficult to disentangle the extent to which each factor affected the other and to what extent improvement in one aspect might diminish the need to adjust another. My report containing the following recommendations for immediate attention was approved by the Health Committee and is now being implemented :—

- (1) That attention be given to re-organising the central control and ensuring adequacy of control staff.
- (2) To meet, as far as possible, the shortage of operational staff during summer months, a comprehensive winter training scheme for new recruits should be inaugurated after the Ministry of Health Working Party report on “ Training of Ambulance Service Personnel ” is published. These newly trained personnel would relieve during the summer holiday periods and the normal principle of staggering summer holidays between 1st April and 30th September, would be implemented.
- (3) The total number of vehicles be increased from 120 to 137. This should provide an adequate reserve fleet, allowing replacement for vehicles withdrawn for maintenance and repairs without reducing the total operational fleet.
- (4) The establishment of vehicles be 56 conventional ambulances, 26 dual purpose ambulances and 55 light sitting case vehicles, and that this number and ratio be reviewed from time to time.
- (5) All vehicles, including senior officers' private cars, to be equipped with radio. The radio equipment, of the frequency modulation type, to be fitted to all ambulance and dual purpose vehicles in the first instance and then sitting case vehicles at a later date.
- (6) That only petrol engined vehicles be purchased in future.
- (7) The new conventional ambulances should provide maximum comfort for stretcher cases and that separate heaters be installed in the rear cabs of all our vehicles.
- (8) That the suggested policy of renewing vehicles at regular specific intervals be introduced. This system of planned replacement thus enabling a forward purchasing plan to be introduced and avoid the difficulties previously experienced by late deliveries of new vehicles and frequent break-downs of old vehicles.
- (9) The possibility of distributing emergency vehicles over more depots during the day and night rather than concentrating them in a smaller number of depots should be explored after an accurate, effective and meticulous control system and wireless control was operating.
- (10) That the hospital and general practitioners be asked to co-operate and as far as possible to give us 24 hours notice of non-emergency transport requests so that these journeys can be planned and co-ordinated.
- (11) The possibility of installing closed-circuit teleprinter equipment be considered in the near future.

Uniforms with appropriate rank markings have now been issued to the six senior officers. Following a demonstration of vehicles by various manufacturers it was decided to change the type and colour of ambulance vehicles and the adequacy and suitability of existing accommodation at ambulance depots, Headquarters and Central Control is now being considered.

The result of the above changes and recommendations, which themselves take time to implement, should become gradually noticeable and so ensure a service satisfactory to the patients and to the staff.

#### 4. FUTURE REQUIREMENTS.

It is very difficult to forecast the possible changes or adjustments which may be necessary in the next ten years because of the many variable factors involved. The following are some of those to be taken into account.

(a) The numbers in the age groups which have the highest incidence of accidents, namely the elderly, the very young and the young adults, are rising and there is also an expected increase in the number of

road vehicles and of electrical and other home appliances. Furthermore it is the elderly who are most liable to sudden illness in the streets or public places, accounting for approximately a quarter of the emergency calls. This, therefore, suggests that the requirements for accident services, including ambulance provisions, would increase over the years.

(b) Both the number of births and the proportion taking place in hospitals are expected to increase in the future.

(c) The average number of patients treated per bed in hospitals has been rising steadily and the hospital service's ten year plan suggests that it may increase still further. This more intensive use of beds will result in a continued increase in the number of hospital admissions and discharges.

(d) Out-patient treatment has increased rapidly in recent decades and a further increase is likely to result from a number of developments :—

- (i) the provision in the hospital plan for the introduction of operating theatres for out-patients ; day wards, geriatric or psychiatric day hospitals and small hospitals exclusively for out-patients ;
  - (ii) earlier discharge which will mean in some cases continued treatment as out-patients ;
  - (iii) continued growth of the number of investigations and treatments which can now be given in out-patient departments, e.g. radio therapy.
- (e) The possible increase in traffic congestion.

Better radio control and control techniques should, to a limited extent, compensate for these increased demands on the ambulance service, although it is very difficult at this stage to make any accurate assessments, and it will, therefore, be necessary to continually review the needs and the extent to which the service is meeting these.



## SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

### I. TUBERCULOSIS.

A. The chest physicians in the various areas of the county have kindly provided me with reports.

(i) All agree that the incidence of the disease is gradually dropping but that the dramatic fall after the introduction of I.N.A.H. ten years ago has levelled out during the past four years. Dr. Law (Chest Physician, Durham) points out that whereas in 1954 he was allocated 275 beds in Holywood Hall Sanatorium for pulmonary tuberculosis, at the end of 1963 there were only 12 patients from the areas of Durham and Bishop Auckland Chest Clinics in the hospital.

(ii) The number of sputum positive cases at large in the county is gradually diminishing but those remaining are mainly resistant types of cases, these being most dangerous from a public health point of view. The sputum positive cases are largely patients who could with the use of modern techniques be rendered negative if they would co-operate. One view expressed is that, "with the modern drugs and co-operation of patients, the results in treatment of tuberculosis are excellent and no patient once diagnosed and treated properly, needs to be disabled and look for sheltered occupation." The unfortunate thing is, however, that many patients find it a troublesome burden to continue taking drugs regularly for a prescribed period, about two years, as they have forgotten what a scourge pulmonary tuberculosis used to be only a decade ago.

(iii) It now appears conclusive that B.C.G. vaccination affords protection which lasts for at least ten years. This fact has been established by the Medical Research Council and it is, therefore, essential that all tuberculin negative school children be given B.C.G. vaccination after the age of eleven years so that they can be protected throughout their adolescence.

(iv) The policy of the Newcastle Regional Hospital Board is to integrate tuberculosis work with other chest diseases and to establish chest clinics in out-patient departments of General Hospitals. Most chest physicians welcome this integration but feel it must not lead to any reduction of the efforts to eradicate tuberculosis.

### B. B.C.G. Vaccination.

Routine vaccination is carried out by the chest physicians at the chest clinics and during the year 2,036 contacts were skin tested and 1,215 vaccinated.

Tuberculin testing and vaccination of all schoolchildren aged 11 years and upwards is arranged annually by the assistant county medical officers. During the year 16,122 school children were skin tested, 12.67% were found to be tuberculin positive and 13,101 were vaccinated.

501 students attending further education establishments were skin tested and 216 were vaccinated.

### C. Tuberculin Testing of School Entrants.

To make the school medical examination of children entering school even more complete and comprehensive a scheme was commenced in September to tuberculin test school entrants to indicate if they had been in contact with a case of tuberculosis. The tuberculin skin testing is carried out by the health visiting staff of the department one week prior to the scheduled medical examinations and the result of the test is read by the school medical officer at the medical examination. During the year 81 schools were visited, 985 children were skin tested and 1.8% were found to be tuberculin positive.

### D. Occupational and Diversional Therapy.

No occupational therapist is directly employed solely for the tuberculous but the staff dealing with the handicapped persons were available during the year. Use was made whenever possible of help which could be obtained from the National Assistance Board, Ministry of Pensions and voluntary agencies such as care committees and the British Red Cross.

### E. Incidence and Mortality.

The number of primary notifications of respiratory tuberculosis received during the year was 352 and of non-respiratory tuberculosis 58, compared with 425 and 61 respectively in 1962. (See tables 13, 14 and 15—Section H). The total notifications for the year (410) show a reduction of 76 compared with 1962 and give an incidence rate for all forms of tuberculosis of 0.42 per 1,000 population, the rate for 1962 being 0.50.

Tables 16 and 17—Section H give the number of deaths from respiratory and non-respiratory tuberculosis under relevant age periods and in separate county districts and areas.

The number of deaths from respiratory tuberculosis (54) has decreased by one, and is the lowest on record. Deaths from non-respiratory tuberculosis (5) showed an increase of one compared with 1962.

Tables 18 and 19—Section H give details of the incidence of tuberculosis since 1934. It will be noted that in 1963 the lowest number of new cases of both respiratory and non-respiratory tuberculosis were recorded.

Comparisons of the respiratory tuberculosis death-rate for the years 1959-1963 are shown below :—

<i>Rate per 1,000 living.</i>				1959	1960	1961	1962	1963
Municipal Boroughs in the County	...	...	...	0.08	0.11	0.09	0.04	0.07
Urban Districts	...	...	...	0.09	0.09	0.07	0.06	0.04
Rural Districts	...	...	...	0.13	0.10	0.08	0.06	0.07
Administrative County	...	...	...	0.10	0.09	0.08	0.06*	0.06*
England and Wales	...	...	...	0.08	0.07	0.07	0.06	0.06†

\* This death-rate of 0.06 per 1,000 population is the lowest on record for this administrative county.

† Provisional.

## II. VENEREAL DISEASES.

The venereal diseases treatment centres are administered by hospital management committees and the figures in Table 20,—Section H have been compiled from returns submitted by hospitals where such clinics are held, and are in respect of patients from the administrative county who attended during the year.

Social work continued to be undertaken by three health visitors as a normal part of their duties and the following is a summary of the work done during the year :—

Contacts.		Defaulters.		Others.		Total.	
Cases.	Visits.	Cases.	Visits.	Cases.	Visits.	Cases.	Visits.
1	10	15	45	10	17	26	72

### III. CANCER.

Table 21 of Section H gives the number of cancer deaths in each sanitary district during 1963 tabulated to show the organs affected together with the sex and age incidence. The following are comparative statistics in respect of total cancer mortality (including lung cancer) for the administrative county and England and Wales for the past ten years.

YEAR.	DURHAM COUNTY.		ENGLAND AND WALES.	
	Deaths.	Death-rate	Deaths	Death-rate
1954	1,874	2.06	90,095	2.03
1955	1,811	1.98	91,340	2.06
1956	1,852	2.01	92,710	2.08
1957	1,786	1.92	94,017	2.09
1958	1,807	1.93	95,804	2.12
1959	1,921	2.04	97,116	2.14
1960	1,895	1.99	98,749	2.16
1961	1,895	1.98	99,914	2.16
1962	2,002	2.08	101,599	2.18
1963	1,941	2.00	*102,380	2.42

\* Provisional.

Cancer of the lung, especially in males, has shown the only real increase in recent years. This is shown in the following mortality rates for the County.

Year.	Deaths.			Total Death-Rate per 1,000 population.
	Males.	Females.	Total.	
1954	228	48	276	0.30
1955	269	41	310	0.34
1956	265	38	303	0.33
1957	290	45	335	0.36
1958	310	59	369	0.39
1959	345	56	401	0.42
1960	320	47	367	0.39
1961	355	47	402	0.42
1962	394	67	461	0.48
1963	405	52	457	0.47

#### *Relationship with Cigarette Smoking.*

In recent years there have been numerous reports on the relationship between cigarette smoking and lung cancer. Perhaps the most authoritative of these being the reports issued by committees set up by the Royal College of Physicians (1962) and the Surgeon General of the United States (1964).

The conclusions of the two reports are strengthened by the report of ten years observations of British doctors by Richard Doll and Sir Austin Bradford Hill which appeared in the British Medical Journal on the 30th May and the 6th June, 1964.

The following are the main conclusions drawn from these reports :—

- (a) The death-rate from lung cancer increases with the average number of cigarettes smoked. In the survey of British doctors it was found that the death-rate from lung cancer for non-smokers was 0.07 per 1,000 compared with 0.93 in cigarette smokers and 2.23 in smokers of more than 25 cigarettes per day.



- (b) Mortality rates in different countries are closely related to cigarette consumption 20 years earlier.
- (c) There is a rapid decline in mortality from lung cancer in persons who cease to smoke cigarettes.
- (d) Persons who inhale smoke have a higher mortality rate than those who do not.

It is significant that during the past 10 years at least 30% of British doctors who used to smoke cigarettes have stopped. The lung cancer mortality has declined by 7% while it has risen over the same period by 22% in the general population. It is unfortunate, that despite the warnings given the general population refuse to follow the doctors' example.

#### *Madam Curie Foundation.*

In addition to acting as agents for the "Night-Sitter" Service referred to in the Home Nursing Report, the County Council also acted for the Madam Curie Memorial Foundation in the provision of extra nourishment and clothing for cancer patients.

### IV. NURSING EQUIPMENT.

A central store of appliances is maintained in the Health Department and a local store of smaller articles of equipment at Hartlepool. Stores are also maintained at Easington and Stockton. Issues are made on the recommendation of a doctor, health visitor, district nurse or almoner. District nurses are notified of all patients in their districts who have equipment on loan and they maintain a general supervision, notifying the Health Department when the equipment is no longer required.

Liaison with almoners of the hospitals receiving patients from the administrative county is maintained. Special attention is given to those cases of paraplegia and no charge is made to them for equipment supplied.

Over 50 different items including patients lifting hoists were provided during 1963.

### V. CONVALESCENT HOMES.

During the year arrangements were made, on medical recommendation, for the admission of 43 county patients to convalescent homes for recuperative holidays as follows :—

The Convalescent Home, Silloth	...	...	8	Rose Joicey Home, Whitburn	...	30
Proctor Memorial Home, Shotley Bridge	...	...	5			

In 36 instances the County Council was responsible for the full maintenance charges and in the remaining seven cases contributions were required from the patients or their families.

Eight other patients, after arrangements were made, cancelled their applications for various reasons.

### VI. HEALTH EDUCATION.

Health Education services have been steadily maintained throughout the year, group teaching has been given at infant welfare centres by health visitors, while relaxation and parent craft groups have continued at ante-natal clinics. During the year 15 films covering a wide range of relevant subjects, were shown to audiences in various parts of the County. These shows were provided for young mothers' clubs, old people's welfare associations and professional and business women's clubs.

A film strip projector is available, together with suitable health education material for use at infant welfare centres.

Use has been made of the Ministry of Health posters and leaflets on Smoking and Health and these have been displayed in County Council clinics and child welfare centres. Health visitors have used the subject "Smoking and Health" for health education talks both in the homes and in child welfare centres, while the assistant welfare medical officers have stressed the dangers of smoking wherever possible.

Posters warning of the dangers of venereal disease and giving details of addresses and times of Special Treatment Centres have been supplied to district medical officers of health for use in public conveniences.

Committee approval was given towards the end of the year for the establishment of a separate Health Education Section in the department and the appointment of a suitably qualified Health Education Organiser.



## VII. CHIROPODY.

The County Council's proposals for the provision of chiropody treatment envisaged the employment of whole-time chiropodists in a directly provided service which would be supplemented by the existing schemes operated by voluntary organisations. Initially treatment was to be provided for the elderly, and subsequently expectant mothers and handicapped persons were to be included in the scheme.

In spite of repeated advertising it has not been possible to recruit chiropodists for whole time appointment and the chiropody services in the County area have continued to depend on the schemes operated by voluntary bodies. The County Council had previously agreed to make grants to schemes already functioning and in May, owing to the delay in instituting the direct service through lack of staff, it was decided that financial assistance should also be available for new schemes proposed by voluntary organisations. By the end of the year 21 schemes were being assisted and several more were at the planning stage. There were also six other voluntary schemes which supported themselves. Details of the schemes which give an indication of the varied arrangements which exist are summarised in the following table.

Number of centres subsidised by the County Council ... .. 21

Number of centres not at present subsidised by the County Council ... .. 6

Frequency of treatment sessions :—

More than 1 per week.	Weekly.	3 per month.	Fort-nightly.	Every 3 weeks.	Monthly.	Less than 1 per month.	As required.
7	4	2	2	2	7	1	2

Number of chiropodists employed ... .. 16

Method of remunerating chiropodists :—

(a) Sessional basis ... .. 12

(b) Per capita basis ... .. 15

Charge to patients (per treatment) :—

Maximum 3/- Minimum 1/6d. Average 2/2d.

Premises at which treatment is provided :—

Solely at Centres ... .. 20

Solely at surgeries ... .. nil

Solely domiciliary ... .. 1

Partly Centre and domiciliary ... .. 5

Partly surgery and domiciliary ... .. 1

Treatments provided during 1963 :—

(a) Old people ... .. 13,455

(b) Handicapped persons ... .. 6

Total number of persons treated during 1963 :—

(a) Old people ... .. 3,429

(b) Handicapped persons ... .. 2

Average number of treatments per session ... .. 12

New schemes approved for subsidy in 1963 and scheduled to commence in 1964 ... .. 13

Estimated number of treatments to be provided in first year by these new schemes ... .. 3,500

In 1961, certain health and welfare functions were delegated to the Stockton Municipal Borough and Easington Rural District Councils. Both authorities have an establishment of one full-time chiropodist and have been able to initiate a direct service. Some statistics are given below :—

	<i>Stockton.</i>				<i>Easington.</i>
Chiropodist(s) employed	...	...	...	1 part-time—initially providing one 3 hour session per week. Two sessions from October, 1963.	1 whole-time.
Centres at which treatment is provided	...	...	One.		7 with weekly sessions 1 with fortnightly sessions.
Treatments provided—1963	...	...	...	322	3,458
Persons treated—1963	...	...	...	88	640
Domiciliary treatments	...	...	...	No	Yes
Voluntary organisations providing services	...	...	Yes, but not subsidised.		No

At the present time, the only means of providing chiropody treatment for the residents of old persons' hostels established by the County Council is by arrangements negotiated with local chiropodists in private practice. As the service thus provided is dependent on the availability of chiropodists in the locality of the hostel and their willingness to undertake the work, it has not proved possible to ensure adequate facilities for all hostels. An analysis of the position during the year is as follows :—

Number of hostels at which organised treatment available	...	...	...	16
Number of persons treated	...	...	...	349
Number of treatments provided	...	...	...	2,054

At the eight remaining hostels, no officially organised service is available but at two of these hostels the residents visit local chiropodists by private arrangement and pay their own fees. At two other hostels a local chiropodist calls once per month and provides any treatment required by the residents who meet the cost themselves.

## SECTION 29—DOMESTIC HELP SERVICE

The demand for the service showed a further increase in 1963 and a greater number of households were provided with help than previously. The elderly and infirm comprised 90.4% of those receiving assistance and amongst the remainder were several families with special problems six of whom were still receiving help at the end of the year.

### ORGANISATION.

Apart from the delegated areas of Easington and Stockton the County is divided into thirteen areas, each supervised by an assistant organiser who engages and places the home helps. The assistant organiser investigates applications for help which are received from general practitioners, hospital and local authorities' medical and nursing staff and officers of other statutory and voluntary bodies, and also makes regular visits to the houses where helpers are employed to ascertain any changes in the circumstances and to ensure efficient deployment of staff to assist those with the greatest need.

Talks about the service were given on three occasions.

### HOME HELPS.

The home helps are a body of practical social workers, with experience in running a home, care of the elderly and management of children. They comfort and counsel the people they serve and are encouraged to have a cheerful and optimistic outlook as well as sympathetic understanding of the needs of the elderly. Helpers attending cases of tuberculosis are tuberculin tested and have a chest x-ray when they are assigned to the case and annually thereafter, so long as they are in contact with the disease.

### CHARGES.

The charge for the service was 4/5d. per hour at the end of December but the amount payable was reduced in accordance with the scale of charges which takes into account the ability of the family or individual to pay. 93.5% of the total cases receive a free service.

### COST.

The net cost of the service for the financial year, 1963/64, was £340,402—£350 per 1,000 population. Although costly it is a most valuable community service, frequently making the difference between hostel or hospital admission and independence and continuing life in the community. Its more intangible value of dispelling loneliness, providing advice, support and the early ascertainment of specific needs is beyond question.

The following is a summary of the work accomplished :—

Cases being assisted at 1st January, 1963	...	...	...	...	...	...	4,687
*New cases assisted during the year	...	...	...	...	...	...	2,811
Total number of cases assisted during year	...	...	...	...	...	...	7,498
Cases terminated	...	...	...	...	...	...	2,088
Cases being assisted at 31st December, 1963	...	...	...	...	...	...	5,410
Cases on waiting list at 31st December, 1963	...	...	...	...	...	...	13
Visits paid by Assistant Organisers	...	...	...	...	...	...	74,200
Number of domestic helps employed at end of year (part-time)	...	...	...	...	...	...	2,720

\* Includes 506 cases which ceased and recommenced later in the year.

### *Types of Cases Assisted during the year.*

							<i>Percentage of Total.</i>
Maternity (including expectant mothers)...	...	...	...	...	...	...	1.7
Tuberculosis	...	...	...	...	...	...	0.5
Chronic sick (including aged and infirm)	...	...	...	...	...	...	93.6
Others	...	...	...	...	...	...	4.2



## MENTAL HEALTH

### ADMINISTRATION.

(a) The Mental Health Sub-Committee of the County Health Committee is responsible for the administration of the Mental Health Service.

(b) *Staff :—*

Mental Health Executive Officer	...	...	...	...	...	...	...	1
Mental Welfare Officers	...	...	...	...	...	...	...	12
Social Worker	...	...	...	...	...	...	...	1
Supervisors, Junior Training Centres	...	...	...	...	...	...	...	7
Assistant Supervisors, Junior Training Centres	...	...	...	...	...	...	...	14
Trainee Assistant Supervisors, Training Centres	...	...	...	...	...	...	...	6
Warden/Manager, Residential Adult Training Centre	...	...	...	...	...	...	...	1
Matron, Residential Adult Training Centre	...	...	...	...	...	...	...	1
Craft Instructors (male), Residential Adult Training Centre	...	...	...	...	...	...	...	2
Adult Training Centre	...	...	...	...	...	...	...	1
Assistant Matron, Residential Adult Training Centre	...	...	...	...	...	...	...	1
Superintendent (male), Adult Training Centre	...	...	...	...	...	...	...	1
Assistant Superintendent (female), Adult Training Centre	...	...	...	...	...	...	...	1

There has been excellent co-operation with hospital consultants and a number of cases have been referred to hospital out-patient clinics for assessment and advice regarding future treatment and training. School medical officers carried out the routine annual medical examinations of all those attending training centres.

### ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

#### 1. *In relation to Mentally Sub-normal Persons.*

(a) *Ascertainment.* Cases are notified by school medical officers, child welfare medical officers, private practitioners, hospital staff, health visitors and social workers. As previously stated considerable use was made of hospital out-patient facilities for the diagnosis of mental subnormality, and consultant's advice on prognosis and disposal. A scheme brought into operation in 1960 for routine testing of all infants born in the county to detect cases of phenylketonuria has been continued throughout the year.

(b) Under the provisions of the Education Act, 1944, the local education authority made the following notifications to the local health authority under Section 57.

	M.	F.	Total.
Children considered unsuitable for education within the school system	... 36	29	65
Children who require further supervision after leaving school	... 14	15	29

(c) On the 31st December, 1963, there were 3,589 mentally subnormal persons on the register giving an ascertainment figure of 3.70 per 1,000 population in the administrative county area.

During the year 148 cases were added to the County Council register compared with 175 during 1962.

(d) *Supervision :—*The supervision of mentally subnormal persons has continued to be carried out to a large extent by health visitors who made 6,367 visits during the year. However, the practice of referring adult male subnormals to mental welfare officers has been continued and it is intended that this procedure will be extended.

(e) *Guardianship :—*There are no guardianship cases in the county at present. The case reported in 1962 having completed his period of guardianship satisfactorily, although remaining under voluntary supervision of the mental welfare officer.



(f) *Junior Training Centres for Mentally Subnormal Persons* :—The number of pupils receiving training at Junior Training Centres on the 31st December was as follows :—

<i>Centre.</i>	<i>No. of Pupils.</i>
Bishop Auckland	45
Consett	28
Durham Junior	28
Hebburn	43
Newbottle	40
Darlington	2
Gateshead	4
South Shields	3
Easington	44
Sunderland	5
Stockton	43

In addition 23 children attended as day pupils at Prudhoe and Monkton Hospital.

Transport to the centres, mid-morning milk and midday meals are provided at each centre while regular routine dental and medical examinations are carried out on all pupils.

(g) *Durham Adult and Junior Training Centres.* These purpose built centres although adjacent and sharing communal kitchen facilities, are administered as two separate centres under their respective supervisors.

The Junior Centre which came into use in April provides places for 55 mentally subnormal children, 10 of whom will be cases with disabilities requiring their placement in a special care unit which has been specially built. In addition to this unit there are three class rooms, assembly hall, staff room, office accommodation, toilet and kitchen facilities. As mentioned previously 28 children were in attendance on the 31st December, 1963. It is planned that the special care unit will be brought into use during 1964.

A residential hostel for subnormal children is to be built close to the training centre and the children living there will attend the junior centre daily.

The adult centre which is the first adult day centre in the county provides places for 60 mentally subnormal men and women. Training is given to men in carpentry and other crafts while the female training includes domestic work in a self-contained flat with kitchen which has been provided for the purpose. Other accommodation consists of two large workshops, dining room, staff room, offices, toilet and kitchen facilities. The first female trainees were admitted in September whilst the male side of the centre came into operation in October, 1963. On the 31st December, 1963, there were 25 males and 20 females in attendance.

(h) *Lanchester Adult Residential Training Centre.* The progress reported in 1962 has been maintained and on the 31st December, 1963, there were 19 residents, although all 25 places were occupied for the major portion of the year. In February an electric lathe and a drill were installed which have facilitated the work of the centre considerably. Industrial contracts have not been easy to obtain, but a beginning has been made with a regular order for wooden reels for a firm of wire manufacturers and wire loops for a plastic manufacturing company. It is hoped to obtain further contracts in future. Firewood has been supplied to an increasing number of County Council establishments. Other products including wooden clothes airers have been made and sold direct and repairs have been carried out to various items of health department equipment.

Work commenced in the latter part of the year on the conversion of the remaining cottage and when this is completed there will be facilities for 30 residents and 20 day pupils.

Arrangements were made during the year for some trainees to remain at the centre at the week-end and the employment of a housemother has been approved for this purpose.

During the year two young voluntary workers have lived and worked at the centre and this experiment has proved most successful. The voluntary workers obtained valuable experience and at the same time were of considerable assistance to the centre staff.

Regular visits have been made to a nearby indoor swimming bath and a number of trainees have become proficient swimmers. The good relations with the local community have been maintained and trainees have joined in a number of village activities.

(i) *Easington.* The arrangement whereby, pending the erection of the adult training centre, part of the junior training centre was allocated for use by adults was continued. The number in attendance at the end of the year was 11.

(j) *Hospital Admissions.* During the year 9 patients were admitted to hospital under order and 59 were admitted informally under the provisions of Circular H.M.(58) 5. During the whole of the year 74 patients were admitted to hospitals for short term care in accordance with the terms of Circular 5/52 of the Ministry of Health. Details of all admissions are given in Table 22—Section H.

## *2. In relation to Mentally Ill Persons.*

During the year mental welfare officers investigated cases under the Mental Health Act, 1959, at the request of general medical practitioners and police and Table 22—Section H, gives details of admissions arranged by them. (It should be noted, however, that these totals do not include all hospital admissions).

The close liaison with mental hospitals has been continued throughout the year and the practice of mental welfare officers attending psychiatric out-patient clinics has been extended, some six consultants now being involved. On the 31st December, 1963, some 685 cases were under the supervision of mental welfare officers and one additional appointment was made in the north west of the county due to the increase in after-care cases referred by the area mental hospital.

A club for ex-patients was started early in the year by the Durham and District Association affiliated to the National Association for Mental Health. Club meetings have been held twice monthly in a local community centre, activities have included table tennis, and other indoor games, a film show and whist drives etc. There were also two outings during the summer, a visit to a pantomime and a party at Christmas time.

## SECTION C—PREVALENCE OF INFECTIOUS DISEASES

Tables 23, 24, 25, 26 and 27—Section H give particulars of cases of infectious diseases occurring during the year, and the mortality from the principal infective diseases.

*Scarlet Fever.* There were 321 cases and no death. The corresponding figures for 1962 were 145 cases and no death.

*Whooping Cough.* The number of cases (924) increased by 481 when compared with the previous year. There was no death in 1962 or 1963.

*Diphtheria.* For the fifth year in succession there was no confirmed case.

*Measles.* The number of cases 16,357 showed an increase of 13,810. No death was registered. The case rate was 17 per 1,000 population.

*Pneumonia.* Notified cases increased from 233 in 1962 to 301 in 1963. There were 711 deaths recorded.

*Meningococcal Infection.* During the year there were 18 cases and 9 deaths. In 1962 the figures were 8 cases and 17 deaths.

*Acute Poliomyelitis.* No case was recorded during the year compared with 12 cases in 1962.

*Acute Encephalitis.* 8 cases were notified and 5 deaths were recorded.

*Dysentery.* A total of 528 cases occurred, an increase of 245 cases compared with the previous year.

*Enteric or Typhoid Fever.* There was one case and no death being the same as in 1962.

*Paratyphoid Fever.* In 1962 there were 4 cases compared with 3 this year. No death was recorded in either year.

*Food Poisoning.* During the year 337 confirmed cases were recorded compared with 27 in the previous year. There were two major outbreaks during the year in residential establishments and these accounted for 236 of the cases. Symptoms in both outbreaks were of a mild nature.

*Influenza.* The number of deaths registered was 77, equal to a death-rate of 0.08 per 1,000 population, compared with 58 deaths and a death-rate of 0.06 in 1962.

*Diarrhoea and Enteritis (under 2 years of age) :—*Deaths registered (10) and the death-rate (0.010 per 1,000 population) were less than last year when 14 deaths occurred giving a death-rate of 0.015. The rate per 1,000 live births was 0.57 compared with 0.78 in 1962.

*Puerperal Pyrexia.* During the year there were 75 confirmed cases of puerperal pyrexia, compared with 86 cases in 1962. No death was registered from puerperal sepsis.

According to information received 69 cases had in-patient treatment.

*Ophthalmia Neonatorum.* There were 3 cases of ophthalmia neonatorum notified. In all cases vision was unimpaired after treatment—two at home and one in hospital.



## SECTION D—NATIONAL ASSISTANCE ACT, 1948

### WELFARE SERVICES

#### INTRODUCTION.

There are few instances where the need for social work in the community is not either the result of, or associated with, mental or physical illness, defect or deterioration. It seems obvious, therefore, that developments in the health field must affect welfare requirements, and future plans for the one service must take into account the other. Patterns of medical care are always changing and today we are increasingly concerned with safeguarding health (mental, physical and emotional) ; with enabling the patient to stay at home and at work if possible ; and with his rehabilitation to normal life. A great deal more thought is also given to the patient as a person, to his surroundings, to the way he lives and to his emotional difficulties.

A Medical Officer of Health who is also Chief Welfare Officer to his authority is, therefore, in a privileged position, since he has none of the problems occasionally associated with divided duties and responsibilities and can ensure that there is adequate liaison and co-operation between the health and the welfare field staff and co-ordination of their activities. The simple aim is, of course, to provide in the home the service required without duplication of effort, and there is little doubt that demands on community services (both health and welfare) will increase in the future resulting from changing hospital policy, an ageing population and more detailed consideration of needs.

The various services for the blind, tuberculous, physically handicapped, elderly etc., have in the past operated independently, largely an expression of historical development, but the time would seem to be opportune for orderly co-ordination with a " broader grouping of social work functions" as envisaged in the 1959 Report of the Working Party on Social Workers in the Local Authority Health and Welfare Services.

This is the objective we have embarked upon this year and examples of this trend will be noted throughout the report, particularly in this section.

The responsibility for day to day welfare services for blind and partially sighted previously carried out on an agency basis by the Sunderland and Middlesbrough Institutes for the blind was transferred to my department in October. These two organisations have done a great deal for the blind in the county and will continue to use funds and workshop facilities to supplement our own service.

#### I. WELFARE OF THE PHYSICALLY HANDICAPPED.

##### (a) *Register.*

At the end of the year there were 826 males and 686 females on the register of physically handicapped. This shows an increase of 345 during the last year. These physically handicapped persons were referred by hospitals, general practitioners, other staff of the health and welfare department, while the remaining cases came from various other statutory and voluntary social agencies, patients' friends and in some cases from the patients themselves.

##### (b) *Welfare work for the Physically Handicapped.*

A Senior Social Worker was appointed during the year to supervise the work of social workers and also that of the home teacher for the blind. At the end of the year the number of general social workers employed by the County Council had increased to seven whole-time and one part-time.

The kind of help given to physically handicapped persons has varied widely. House alterations have been arranged and financed in co-operation with district councils, while a wide variety of aids for handicapped persons have been supplied. Other patients who have not needed material help have been given support by the social workers in facing their personal and family problems. There is also a scheme whereby Local Housing Authorities may obtain grants from the County Council towards the provision of houses specifically designed for physically handicapped persons.

##### (c) *Holiday Scheme for Physically Handicapped.*

With the agreement of the Education Committee, the Health Committee were able to sponsor a further holiday scheme for physically handicapped persons at Windlestone Hall, a special residential school, during



the period 2nd to 30th August. Ninety-four handicapped persons had the advantage of a holiday at Windlestone during this four week period. The majority of the handicapped persons were conveyed to Windlestone Hall by ambulance, the remainder finding their own way. The British Red Cross Society carried out the day to day administration, providing the staff for the project, and the venture was a great success. The British Red Cross are again to be congratulated on their magnificent effort.

*(d) Occupational and Diversional Therapy.*

The County Council's occupational therapist has continued to visit handicapped persons in their homes in order to train them and assist them in various crafts. Assistance is also given by craft instructors who attend meetings of clubs for physically handicapped.

*(e) Car Badges for Disabled.*

At the end of the year 196 car badges had been issued to disabled drivers to enable them to obtain parking privileges. New applications for badges are made at the expiry of the disabled person's driving licence or at the time a new vehicle is obtained.

*(f) Voluntary Organisations.*

The County Council has worked in co-operation with the Durham County Association for the Physically Handicapped and during the year made a further grant to help them in their work. The number of social clubs for physically handicapped persons sponsored by the County Association has increased during the year by two, to make a total of 16. These clubs continue to be invaluable as meeting places for physically handicapped persons, where they can take part in social, as well as handicraft activities.

Three adults attend the day work centre at the Percy Hedley School for Spastics.

In August, a Training and Work Centre was opened in the County Borough of Sunderland by the Sunderland and District Spastics' Society (a voluntary organisation), which serves not only the Borough but the adjacent areas of the County. At the end of the year, five adult spastics, who were unable to obtain employment on account of their disability, had been accepted into the Centre, and transport was being provided as a temporary measure by a vehicle owned by the Sunderland and District Spastics' Society. Investigations were being made at the end of the year regarding the admission of other spastics, and responsibility for the cost of transport being accepted by the County Council.

*(g) Residential Accommodation for Physically Handicapped.*

Residential accommodation is provided for 36 physically handicapped persons at homes outside the County, run by voluntary organisations.

## II. WELFARE OF THE BLIND AND PARTIALLY SIGHTED.

*(a) Register and Registration of Blind Persons.*

The number of blind persons on the County Council's register on the 31st December was 1,766, 30 less than at the end of 1962.

*Blind population according to age and sex.*

		1 & under	2- 4	5- 10	11- 15	16- 20	21- 29	30- 39	40- 49	50- 59	60- 64	65- 69	70- 79	80 & over	Total
Male	...	—	5	11	16	8	29	45	79	120	56	63	168	181	781
Female	...	—	4	10	9	4	16	32	54	103	71	102	285	295	985
Total	...	—	9	21	25	12	45	77	133	223	127	165	453	476	1766

During the year the names of 191 blind persons were added to the register including 19 blind persons transferred into the County from other areas. Following surgical treatment, sight was restored to five persons previously registered as blind, all of whom were certified neither blind nor partially sighted. During the period under review 241 blind persons died or left the county area.

The five part-time ophthalmologists appointed by the County Council examined 297 cases referred to them while in addition five forms B.D. 8 were submitted by other ophthalmologists. These 302 cases are classified as follows :—

First Examination :—

No. certified blind	...	...	...	...	...	...	...	...	...	...	133
No. certified partially sighted	...	...	...	...	...	...	...	...	...	...	55
No. certified not blind	...	...	...	...	...	...	...	...	...	...	37

Re-examinations :—

No. certified blind (6 already certified)	...	...	...	...	...	...	...	...	...	...	31
No. certified partially sighted	...	...	...	...	...	...	...	...	...	...	28
No. certified not blind	...	...	...	...	...	...	...	...	...	...	18

No case of retrolental fibroplasia was reported during the year.

(b) *Register of Partially Sighted.*

The number of partially sighted cases on the register at the 31st December was 374, the sex and age classification being :—

	0-1	2-4	5-15	16-20	21-49	50-64	65 & over	Total.
Male ... ..	—	1	22	10	31	21	72	157
Female ... ..	—	1	19	8	24	22	143	217
Total ... ..	—	2	41	18	55	43	215	374

In all cases of cataract, glaucoma, or any other disability a letter is addressed to the patient's private doctor informing him of the findings and the recommendations of the ophthalmologist. At the same time an offer is made for the case to be referred to the ophthalmology department of the nearest hospital, subsequent progress being notified to the medical practitioner as and when it becomes known to this department. In the majority of cases the medical practitioners avail themselves of this offer, and the arrangements have been found to work satisfactorily.

*High Myopia.* It has been the practice for many years for the school health service to notify the Health Department of all school leavers suffering from high myopia who are not registered blind or partially sighted persons. These cases are followed up by health visitors to ensure that the children continue to wear suitable spectacles and obtain replacements where necessary. Advice and assistance is given regarding suitable employment.

(c) *Employment.*

The following information relates to trained blind persons in employment at the end of the year :—

	<i>Institution Workers.</i>	<i>Home Workers.</i>
Royal Institution for the Blind, Sunderland ... ..	38	2
Cleveland & South Durham Institute for the Blind, Middlesbrough ... ..	19	2
Hartlepool Workshops for the Blind, West Hartlepool ... ..	5	—
National Library for the Blind, Braille Copyists ... ..	—	2
Catholic Blind Institute, Liverpool ... ..	1	—

On the 31st December the number of trained but unemployed blind persons was 11.

(d) *Home Teaching Service.*

There are 15 qualified home teachers for the blind, of whom three are registered blind persons. Although employed by the County Council the day to day supervision of the work of the home teacher has been carried out in the past by the two voluntary organisations serving the County, namely the Royal Institution for the Blind, Sunderland and the Cleveland and South Durham Institute for the Blind, Middlesbrough. On the 1st October, the administration of the work of the social workers for the blind was taken over directly by the County Council.

These members of the staff visit blind and partially sighted persons, teaching braille and moon type when required and acting as general social workers for all blind and partially sighted persons on the register. Five of the home teachers hold classes for the teaching of handicrafts, while the remaining home teachers provide tuition in handicrafts in the homes when required.

(e) *Social Centres.*

Seven centres are established and operating in the County with the co-operation of the voluntary agencies. Home teachers visit the centres and provide help and guidance when necessary.

(f) *Placement Service.*

By arrangement with the Ministry of Labour, use has been made of their Placement Officer in finding and placing suitable persons in open industry.

(g) *Holidays.*

The Health Committee provided a week's holiday at Morecambe for 13 deaf blind persons, together with their attendants. The detailed arrangements for this holiday were made by the North Regional Association for the Blind.

(h) *Homes for the Blind.*

At the end of the year there were 44 blind persons in homes for the blind, 38 of these being residents in Palatine House, Durham, this being the County Council hostel for the blind. The remaining six lived in homes outside the County.

### III. WELFARE OF THE DEAF.

The County Council scheme under Section 29 of the National Assistance Act approved by the Minister on the 27th September, 1952, operates throughout the county. Most of the work is carried out on an agency agreement by the Northumberland and Durham Mission to the Deaf and Dumb for the northern part of the county and the South Durham and North Yorkshire Association for the Deaf for the southern part of the county. Welfare officers visit and look after general welfare of registered persons. Five hard of hearing clubs operate throughout the county to which the County Council make a grant for administration, maintenance charges and equipment. At the end of the year the number of persons registered as deaf or hard of hearing was 874 classified as follows :—

	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Under 16 years ... ..	63	70	133
16-64 years ... ..	342	263	605
65 years and over ... ..	70	66	136
Total ... ..	<u>475</u>	<u>399</u>	<u>874</u>

At the end of December 72 school children (35 boys and 37 girls) were attending residential schools for the deaf, outside the county area.



#### IV. WELFARE OF THE ELDERLY.

One of the results of improved medical and social services is that more people live longer and the deterioration associated with old age tends to be delayed. This deterioration in physical and/or mental faculties when it does occur frequently necessitates the deployment of a variety, or occasionally the whole range, of the authority's staff, employed to deal with the blind or partially sighted ; the deaf ; the physically handicapped ; the mentally disturbed ; the sick and the bed-ridden.

Over the years the elderly have been using an increasing proportion of the health and welfare services and this trend will obviously continue. During 1963, 65% of district nurses' time, 9.1% of health visitors' time and 90.4% of home helps were employed assisting old people in this county. At the end of December, 1963, in the administrative county there were approximately 99,500 persons over the age of 65 years and this number is expected to rise to 103,400 in 1967 and 112,900 in 1972. Furthermore estimates for the country generally suggest that while the numbers aged 65 years and over will increase by 32.5% within the ten year period 1962/72, the increase of those aged 75 years and over will be 40.5%.

The basic need of the elderly is for a home of their own where they can enjoy privacy and comfort, with the social contacts which they desire.

Houses of suitable size and design are, therefore, particularly important, supplemented, where necessary, by welfare services including communal facilities, emergency bell systems, warden services, "meals on wheels" or "meals by neighbours" services, chiropody services, and adequate home nursing, home help and health visitor advisory services. Despite these services the time may still come when this support is insufficient and it is then that accommodation in a residential County Council hostel is needed. Here again the object must be to keep the elderly as happy as possible and out of hospital as long as possible.

##### *Future developments.*

These have been considered and the following policies adopted for the administrative county :—

(1) To encourage the provision of communal facilities, wardens services etc., in association with houses for old people the County Council has decided to increase the maximum grant made to district councils from £10 to £30 per house per annum when such facilities are provided.

(2) Greater consideration is being given by health visitors to the needs of individual old people and the co-ordination of the services available.

(3) The expansion of home help and after-care service is to continue.

(4) Expansion is being encouraged and financial assistance given to schemes providing chiropody, meals on wheels, meals by neighbours and luncheon club services. A County Council chiropody service will be provided as soon as qualified staff are recruited.

(5) Continued support, financial and otherwise, is being given to the Durham County and Tees-side Old People's Welfare Committee, a voluntary organisation which has been most successful in the sponsoring of clubs for old people and various social functions such as choir festivals.

(6) Provision of more hostel accommodation with additional comprehensive facilities has now been approved by the County Council. Details are given in the section of this report dealing specifically with hostel accommodation.

(7) Improved liaison with and periodic visits to hostels of hospital geriatricians is being encouraged.

Thus the various facets relating to the care and welfare of the elderly are not being considered in isolation but as part of a most important service which must be developed in a comprehensive manner.

#### V. FAMILY CASE WORK SERVICE—PROBLEM FAMILIES AND HOMELESS FAMILIES ETC.

With the appointment of a senior social worker and increases in the number of social workers dealing with physically handicapped, blind and partially sighted, problem and homeless families, the year 1963 has seen a rapid development of the County Council's family case work service.



The success of preventive measures applied to problem families and those threatened with eviction is dependent upon the early ascertainment of these families and all district councils were, therefore, encouraged to notify the department of cases of severe or persistent rent arrears in order that the social worker could immediately visit, advise, provide assistance or arrange rehabilitation or retraining. It was also suggested that we should be notified of small rent arrears in cases of known problem families as the re-appearance of such arrears is often the first sign of further breakdown. During the year 642 families were notified as possible cases of eviction and of this number only 55 actual evictions took place. In addition other families with various problems were also notified by district councils, hospitals, general practitioners, other departments of the County Council and a variety of statutory and voluntary organisations.

Very close liaison and co-operation was maintained between the social workers, health visitors, mental welfare officers, other members of the Health and Welfare Department staff, and staff of the Children and Education Departments, and it was natural therefore, when consideration was being given to the implementation of Section I of the Children and Young Persons Act, 1963, that the attention of the Children Committee should be drawn to the developing family case work service in health and welfare department and the recommendation in the Home Office Circular 204/1963 that "there is nothing to prevent arrangements being made in the future between the Children Committee and other committees for the preventive work to be done by the staff of other departments", and that "indeed there is everything to commend this from the point of view of the most efficient use of trained staff". This circular refers to the fact that "Section I of the Children and Young Persons Act gives scope for initiative and experiment by a local authority", and with this in mind it was, therefore, recommended to the County Council by the Health, Education and Children Committees that the County Medical Officer be the Co-ordinating Officer of those County Council services providing in accordance with the Children and Young Persons Act "advice, guidance and assistance in the promotion of the welfare of children by diminishing the need to receive children into care under the Children Act".

The present and developing services carried out by officers of the Children Department, Education and Health and Welfare Departments, are continuing, but the new arrangements endeavour to ensure that there is no duplication of services, and that the appropriate officers deal with cases as expeditiously as possible. In addition the County Council agreed that the County Medical Officer be the "designated officer", who would convene the Area Committees set up under the Joint Circular of the Home Office, Ministry of Health and Ministry of Education (July 1950), to deal with "Children Neglected and Ill-treated in their own Homes". These Committees which were reconstituted now operate as "Case Conferences", dealing with those families and problems where discussion at officer level is found inadequate. To assist an additional professionally qualified senior social worker was appointed to the staff of the Health Dept. Quarterly reports are presented to the Children Committee on the work carried out under Section I of the 1963 Act.

## VI. TEMPORARY ACCOMMODATION (NATIONAL ASSISTANCE ACT, 1948—SECTION 21 (b)).

### (a) *Present position.*

Temporary accommodation for six homeless families is provided at the Cottage Homes, Houghton-le-Spring. Five adults and twenty-three children were in residence at the end of the year. Four adults and eleven children were using accommodation provided for three families at Lambton House, Birtley. The average length of stay in these units is in the region of nine months. Considerable difficulty is being experienced in obtaining accommodation for these families who after eviction have been rehabilitated in this temporary accommodation.

### (b) *Future developments.*

The County Council has agreed to increase the number of units of temporary accommodation and to provide two types preferably under the supervision of resident staff. The first type would be used as a reception centre for homeless families who in an emergency require short term accommodation probably for a day or two until alternative arrangements could be made. This is a new provision. The second type—already provided at Heath House, Houghton-le-Spring—would take the form of rehabilitation units for homeless families (where intermediate accommodation has not been provided by housing authorities in the first place) after all efforts at training in the home have failed. It is likely that these latter units would also accommodate families who may have already passed through the reception centre. These families (including

husbands) would be housed in nine new family units under resident supervision, for which a weekly rent would be payable. Advice will be given to the family on matters such as budgeting, cooking, employment etc., and it is anticipated that such rehabilitation might take at least six months and in some cases considerably longer.

The success of this project depends to some extent on the availability of "intermediate accommodation" or permanent housing provided by the district housing authorities and outside the County Council's control, otherwise the temporary accommodation would quickly become full and blocked.

# VII. HOSTEL ACCOMMODATION FOR THOSE NEEDING CARE AND ATTENTION (NATIONAL ASSISTANCE ACT, 1948, SECTION 21).

## (a) *Present position.*

Since the coming into operation of the National Assistance Act, 1948, the County Council has built 12 new residential homes including those at Bishop Auckland, Newton Aycliffe and Stockton, which were being built during 1963. Also included in this number is Palatine House, Durham, which provides specially for the needs of persons who are blind or partially sighted.

Between 1950 and 1956 in an endeavour to meet an urgent need and overcome building and financial difficulties the County Council purchased eight properties which were suitable for adaptation as residential homes.

At the end of the year hostels were under construction at Durham, Seaham, Stockton and Ryton, and it is anticipated that these will come into use during 1964.

The total number of places provided directly by the County Council at the end of the year was 997 together with 135 in transferred hospital accommodation, making a total of 1,132, representing an increase of 100 on the number of places available in 1962. These places are distributed as follows :—

In Homes controlled by the Welfare Sub-Committee.

<i>Residential Accommodation. Beds Provided.</i>			<i>Residential Accommodation. Beds Provided.</i>		
Cambridge House, Barnard Castle ...	85		Grove Park, Barnard Castle ...	22	
Heath House, Houghton-le-Spring ...	103		Owton Fens, Greatham ...	21	
Ivy House, Sedgfield... ...	76		Holmfield, Crook ...	30	
Seaton Holme, Easington ...	35		St. Bede's, Jarrow ...	38	
Weardale House, Stanhope ...	59		Glencliffe, Seaton Carew ...	39	
Newtown House, Stanhope ...	30		Stanfield, Stanley ...	38	
The Hermitage, Whickham ...	18		Palatine House, Durham ...	38	
Parkside, Billingham ...	38		Glenroyd House, Consett ...	38	
Winton, Winlaton ...	38		Mendip House, Chester-le-Street ...	38	
Essyn House, Easington ...	40		Boldon House, East Boldon ...	45	
Dene House, Bishop Auckland ...	38		Red Hill House, Stockton ...	45	
Shafto House, Newton Aycliffe ...	45				
			<i>Residential Accommodation. Beds Provided.</i>		
In Hospitals transferred to the Regional Hospital Board on 5th July, 1948.			Chester-le-Street ...	31	
			Durham ...	48	
			Lanchester ...	56	
			Total ...	135	

								Residential Accommodation. Beds Occupied.
In Homes controlled by :—								
(a) Neighbouring County				Darlington	...	...	...	3
Borough Councils				Gateshead	...	...	...	12
				South Shields...	...	...	...	1
				West Hartlepool	...	...	...	2
(b) Other Local Authorities				...	...	...	...	7
In Special Homes				...	...	...	...	14
Total								39
								—

The number of employees in the 23 premises directly controlled by the Health Committee was as follows :—

Superintendents	...	...	...	...	4
Matrons	...	...	...	...	19
Wardens	...	...	...	...	2
Other staff	...	...	...	...	322

The number of cases on the waiting list on the 31st December was 352 compared with 399 in 1962.

#### *Maintenance charges.*

The minimum charge to residents for maintenance in the County Council hostels at the end of the year was £2. 14s. 0d. per week while the maximum charges were £7. 11s. 8d. for residents in former Public Assistance Institutions, and £7. 18s. 1d. in other hostels.

#### *X-ray examinations.*

There is a relatively higher incidence of tuberculosis in the older age groups, and in order to detect any case which might benefit by treatment, and also to protect residents from possible infectious cases efforts are constantly made to ensure that all aged persons admitted to residential homes have their chest x-rayed before admission.

#### *(b) Review of provisions.*

The amount of residential accommodation required for the elderly and others "in need of care and attention" is affected by the housing conditions; the existence of warden services; the degree of support forthcoming from families and neighbours and by the amount of residential accommodation provided privately and by voluntary organisations otherwise than as agents of the local authorities.

During the year a review was made of the need in the administrative county. Whereas at present the County Council provide 11.8 places per thousand persons aged 65 years and over, and the planned increase over the next ten years was to bring this figure to 13.5, in order to cater adequately it was agreed that the provision should be increased and something in the range of 18 to 22 beds for every thousand persons aged 65 years and over would be necessary within the next ten years. To provide the number of beds in hostel accommodation to meet this anticipated requirement by 1972, 536 additional places would be necessary.

#### *(c) Future developments.*

As a result of this review of the services it was decided :—

(i) that additional hostel places should be provided in 24 new hostels to be built within the next ten years ;

(ii) to change the proposed policy of building a number of separate 60 bedded hostels specifically for the very frail and disabled old people and instead build all future hostels to cater in a more comprehensive fashion, having 45 places—15 of which would be for the very frail and disabled. This would avoid the old people being constantly haunted by the thought that they may ultimately be considered suitable for transfer from their existing hostels to another establishment away from their friends and relatives, their own area and



the staff they have become accustomed to. This transfer could occur at the very time when because of their physical or mental disability they would be less able to accept it with complacency, adapt themselves to the changed environment and staff, and make new friends. These special 15 bedded units would be part of the main building and would have special facilities, but at the same time while allowing free mixing would avoid possible disturbance to, or adverse interference with, the activities of the rest of the residents ;

(iii) the house adjacent to Glencliffe Hostel, Seaton Carew, purchased during the year should be used in the future as a holiday and short-stay accommodation when adaptations are completed ;

(iv) to terminate as soon as possible the use of accommodation in the three transferred hospital wards at Durham, Lanchester and Chester-le-Street, and the two remaining Public Assistance Institutions, Barnard Castle and Houghton-le-Spring.



## SECTION E—INSPECTION AND SUPERVISION OF FOOD AND DRUGS

### 1. MILK (SPECIAL DESIGNATION) REGULATIONS, 1960.

At the end of the year there were five plants processing milk in the county, all of which were authorised to use the special designations 'Pasteurised' and 'Tuberculin Tested (Pasteurised)', while one dairy holds an additional licence for the sterilising of milk.

Routine samples continue to be taken by County Health department staff of milk delivered to schools, children's homes and nurseries. Eleven complaints have been received concerning the condition of churns or bottles of milk delivered to schools and the necessary action has been taken. As requested by the Ministry of Health, milk produced at hospital farms has been sampled in accordance with their scheduled requirements.

At the request of the Durham Hospital Management Committee routine samples are taken of milk delivered to hospitals in their group.

No. of current licences at 1.1.63	(i) 'B' licences	...	...	...	20
	(ii) 'E' licences	...	...	...	1,728
					<hr/> 1,748 <hr/>
No. issued during year.	(i) 'B' licences	...	...	...	—
	(ii) 'E' licences	...	...	...	121
					<hr/> 121 <hr/>
No. cancelled during year.	(i) 'B' licences	...	...	...	—
	(ii) 'E' licences	...	...	...	65
					<hr/> 65 <hr/>

No. of current licences at end of year 1,804.

Details of the results of all examinations of samples of milk are given in Table 27—Section H.

In June the report and recommendations of the Milk Hygiene Sub-Committee of the Ministry of Agriculture, Fisheries and Food on the incidence of penicillin and other antibiotics in ex-farm milk were published. Some twelve recommendations were made and included one encouraging Food and Drugs authorities to sample and test ex-farm milk for the presence of antibiotics and take the appropriate action. Arrangements were therefore made with the Public Health Laboratories in the area to receive and examine routine samples of such milk. Sampling commenced in mid-November and of the 42 samples examined one contained antibiotics in excess of the accepted figure. Appropriate action was taken.

### 2. FOOD AND DRUGS ACT, 1955. SECTION 31.

Samples of milk are being obtained and submitted for biological examination. The results of 184 samples have been received and are shown in Table 48. The positive results refer to samples of raw milk which on examination showed brucella abortus to be present. In seven cases the milk was produced on farms within the county and in one case on a farm outside the county. In conjunction with officials of the health department of the local authorities concerned appropriate action was taken.

The Chief Inspector of Weights and Measures reported that eight samples of milk were found to be either deficient in milk fat or showed evidence of added water. It was decided that one case was suitable to take before the Justices. Three offenders received warning letters and in the other four cases no further action was considered necessary.

# FOOD AND DRUGS ACT

The following statement shows the results of examinations carried out by the County Analyst during the year :—

								<i>No. of samples.</i>	<i>No. adulterated.</i>	<i>% adulterated.</i>
Milk	...	...	...	...	...	...	...	1,322	10	0.8
Other foods and drugs	...	...	...	...	...	...	...	2,056	34	1.7
								3,378	44	1.3
Appeal to cow samples	...	...	...	...	...	...	...			48
Milk below presumptive standard but genuine	...	...	...	...	...	...	...			115

## SECTION F—ENVIRONMENTAL HYGIENE

### I. (a) *Bacteriological Laboratory Facilities.*

The Medical Research Council, acting on behalf of the Ministry of Health, continues to be responsible for the administration of the public health laboratory service.

The laboratories situated at the General Hospital, Newcastle upon Tyne, Havelock Hospital, Sunderland, General Hospital, Middlesbrough and the Friarage Hospital, Northallerton, undertake examinations for the administrative county area.

### (b) *Water Supplies.*

Piped water is supplied to the various parts of the administrative county area by the following water undertakers :—

Tees Valley & Cleveland Water Company.  
Durham County Water Board.  
Sunderland and South Shields Water Company.  
Newcastle and Gateshead Water Company.  
Hartlepool Water Company.

Only small isolated rural areas rely on local wells or springs.

Normal extensions of mains to housing estates and industry continue in all areas while work proceeds steadily on the construction of the proposed Derwent Valley reservoir, with a capacity of 11,000,000,000 gallons.

Copies of results of analysis of water samples taken by local authorities are sent to the county health department and, where necessary, further investigations are carried out. Of 604 samples taken, 82 were classified as unsatisfactory. These unsatisfactory samples were generally from individual spring or well supplies to isolated farms or dwellings, and in a number of instances were repeat samples of those reported in previous years. Routine samples of supplies to schools, kitchens, dairies and similar establishments continue to be taken by officers of the department and have proved generally satisfactory. Where adverse reports were received they came from local supplies subject to variation in quality and quantity due to extreme weather changes.

Schemes providing improved or new water supplies to certain areas have been submitted for consideration. Investigations have been carried out in each case and appropriate recommendations made.

### *Fluoridation of Water Supplies.*

Consideration was given to the advisability of adding fluoride to water supplies as a means of reducing the incidence of dental decay especially in young children. Numerous investigations in America together with those carried out in England by the Medical Research Council have produced what appears to be conclusive evidence in favour of this procedure and an enormous amount of medical and scientific literature has been produced including that issued by the British Dental Association and the Ministry of Health supporting such a measure. Those living in the Hartlepool and South Shields areas have, of course, been drinking water containing a fairly high natural concentration of fluoride for a great many years. In these areas the amount of tooth decay in young children is a great deal less than for the remainder of the country and there has been no noticeable injury to health in any way.

The County Council, therefore, agreed in principle to the making of arrangements with local water undertakers for the addition of fluoride to water supplies which are deficient naturally in this respect.

Unfortunately it has not been possible to get the unanimous approval of all the other local health authorities obtaining their water supplies from the same undertakers, but the matter is still being pursued by the County Council.

## II. (a) *Rural Water Supplies and Sewerage Acts, 1944-61.*

During the year, the County Council continued to make grants towards the cost of approved schemes for the provision of piped water supplies and main drainage in the rural areas of the County.

In connection with Section 2(1) of the above Acts, a number of schemes were under consideration, the following receiving contributions during the year :—

	<i>Estimated Cost. £</i>
(a) Durham Rural District—Sewage Pumping Station, Pitlington ... ..	4,200
(b) Weardale Rural District Sewerage and Sewage Disposal Scheme—Rookhope ...	750
(c) Weardale Rural District Sewerage and Sewage Disposal Scheme— Frosterley (North) ... ..	23,300
(d) Weardale Rural District Sewerage and Sewage Disposal Scheme—Edmundbyers	7,300

## (b) *Drainage, Sewerage and Sewage Disposal.*

Routine inspections of existing disposal works and those under construction continue to be made. A number of schemes to replace overloaded and defective works and to enable the continued development of housing and industrial estates have been submitted by local authorities for consideration. Investigations have been carried out in each case and appropriate recommendations made.

Tyneside Sewage Disposal—Meetings of the Working Committee and Technical Sub-Committee have been held during the year and a visit made to the hydraulics research station at Wallinford to see a demonstration of the working model of the Tyne estuary and associated coastal beaches, which has been constructed by the consultants on behalf of the committee. The consultant's report is expected early this year.

Tees-side Sewage Disposal—In October representatives of local authorities and public bodies concerned with the question of sewage disposal on Tees-side attended a joint meeting, convened by the Wear and Tees River Board. A joint consultative committee was established to investigate and report on methods and operative costs of sewage and trade effluent disposal, including a submersible pipe line, and the selection of sites for sewage works without regard to local government boundaries.

## III. HOUSING.

A statement as to the position of housing in the administrative county, compiled from information supplied by district councils, is given in Table 29—Section H.

## IV. CLOSET ACCOMMODATION.

Table 30—Section H gives the number and type of convenience in each sanitary district at the end of 1963 together with information as to the conversions of ashpit privies and ash-closets into water-closets during the year.



## SECTION G. GENERAL

### 1. NURSING HOMES.

During the year no applications were made to the County Council under section 194 of the Public Health Act, 1936, for the delegation of their powers to district councils. The following maternity and nursing homes registered by the County Council were periodically inspected :—

<i>Name and Address.</i>	<i>Description.</i>
Rosemount, 32, Bede Road, Barnard Castle ... ..	Maternity and general.
Percy House, Neville's Cross, Durham ... ..	Aged, infirm and border-line mental cases.
Broadmeadows Manor, <i>nr.</i> Castleside ... ..	General, chronic, aged and infirm.
St. Cuthbert's Hospital, Rockliffe Park, Hurworth-on-Tees, (annexe to Hospital of St. John of God, Scorton).	Chronic sick (males).
"Milford," North End, Durham ... ..	Aged and infirm.
"Ashbrook," St. John's Road, Neville's Cross, Durham ...	Aged and infirm.

The certificate of exemption from registration under the Public Health Act, 1936, in respect of 'Wayside', West Boldon, was again renewed for one year.

### II. NURSERIES AND CHILD MINDERS' REGULATIONS ACT, 1948.

(a) *Premises.* During the year, the following premises were registered as nurseries under the above Act :—

Y.M.C.A. Hall, Consett.  
6, Charlcoate Crescent, East Boldon.

(b) *Daily Minders.* Mrs. E. J. Hogg of 16 Queens Street, Blackhill and Mrs. M. E. Chapman of 17 Front Street, Whickham were registered as daily minders under the Act.

**SECTION H.**

**STATISTICAL TABLES**

TABLE 1.

POPULATION, BIRTH RATE, DEATH-RATE, ETC., WITHIN THE ADMINISTRATIVE COUNTY OF DURHAM, 1963.

DISTRICTS.	Medical Officer of Health.	Area in Acres.	Registrar General's estimated Resident Population 1963.	Live Births.	Still Births.	Deaths.	Birth-rate.	Death-rate.	Death-rate from seven Principal Infective Diseases.	Infant Mortality-rate per 1,000 Births.	Phthisis Death-rate.	Total Tuberculosis Death-rate.	Lung Diseases Death-rate.	Deaths occurring outside District included.	Deaths occurring within District excluded.
AREA No. 1. Blaydon U.D. Ryton U.D. Whickham U.D.	J. A. Dryden, M.A., B.Sc., M.B., B.Chir., D.P.H., D.I.H. Do. Do.	9,235 5,145 6,074	30,930 13,980 25,680	548 236 439	6 3 10	383 183 275	17.7 16.9 17.1	12.4 13.1 10.7	— — —	24 30 14	0.06 0.07 0.04	0.06 0.07 0.04	1.26 1.14 1.36	195 76 114	32 9 196
AREA No. 2. Felling U.D. Hebburn U.D.	H. C. Weir, M.A., M.B., B.Ch., B.A.O., D.P.H. Do. Do.	1,697 3,259 1,554	27,730 38,090 25,050	479 749 504	11 20 12	377 377 304	17.3 19.7 20.1	13.6 9.9 12.1	— — —	21 23 22	0.04 0.11 0.08	0.04 0.11 0.08	1.80 1.26 1.60	119 180 120	18 4 6
AREA No. 3. Consett U.D. Stanley U.D. Lanchester R.D.	R. Hill, M.B., B.Ch., D.P.H. Do. Do.	6,510 10,042 44,243	90,870 38,660 46,360	1,732 656 694	43 8 21	1,058 480 546	19.1 17.0 15.0	11.6 12.4 11.8	— 0.05 —	22 23 33	0.08 0.03 0.02	0.08 0.03 0.02	1.52 1.29 1.23	419 84 307	28 467 3
AREA No. 4. Chester-le-Street U.D. Chester-le-Street R.D.	J. L. Siddle, M.B., B.S., D.P.H. Do. Do.	2,656 22,223 24,879	19,220 43,090 62,310	362 751 1,113	4 24 28	280 505 785	18.8 17.4 17.9	14.6 11.7 12.6	— — —	8 23 18	0.05 0.05 0.05	0.05 0.05 0.05	1.66 1.53 1.57	49 262 311	188 5 193
AREA No. 5. Baldon U.D. Hetton U.D. Houghton-le-Spring U.D. Seaham U.D. Washington U.D. Sunderland R.D.	H. C. Weir, M.A., M.B., B.Ch., B.A.O., D.P.H. P. A. Y. Narayanan, M.B., B.S., D.T.M. & H., D.P.H. Do. I. W. A. Rodgers, M.B., B.Ch., D.P.H. P. A. Y. Narayanan, M.B., B.S., D.T.M. & H., D.P.H. Do.	7,640 4,551 5,026 2,469 5,758 6,734	24,310 17,330 30,790 25,570 19,500 28,850	527 244 575 450 390 542	11 4 9 11 4 10	268 204 361 318 181 398	21.7 14.1 18.7 17.6 20.0 18.8	11.0 11.8 11.7 12.4 9.3 13.8	0.04 — — — 0.05 —	30 12 16 20 15 15	— 0.06 0.03 0.16 0.16 0.14	— 0.06 0.03 0.16 0.16 0.14	1.36 2.13 1.30 2.54 1.08 2.08	104 96 189 136 67 102	9 2 4 55 1 372
AREA No. 6. Crook & Willington U.D. Tow Law U.D. Weardale R.D.	G. A. Macgregor, M.D., D.P.H. Do. Do.	15,476 477 99,513	24,830 2,920 8,090	365 44 89	9 2 1	350 41 133	14.7 15.1 11.0	14.1 14.0 16.4	0.04 — —	19 23 11	0.04 0.12 0.12	0.04 0.12 0.12	1.61 2.40 1.24	107 19 38	35 — 30
AREA No. 7. Durham M.B. Brandon & Byskitts U.D. Durham R.D.	R. G. Drummond, M.B., B.Ch., D.P.H. Do. Do.	4,578 8,224 34,068	22,740 19,890 36,290	299 373 619	4 5 13	292 238 390	13.1 18.8 17.1	12.8 12.0 10.7	0.04 0.05 —	20 35 16	— 0.05 —	— 0.10 0.03	1.63 1.71 1.10	22 110 181	437 6 8
AREA No. 8. Barnard Castle U.D. Barnard Castle R.D.	A. S. M. Wilson, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. Do.	559 110,118 110,677	5,290 16,910 22,200	96 275 371	2 5 7	121 206 327	18.1 16.3 16.7	22.9 12.2 14.7	0.06 0.05 —	24 18 24	0.06 0.06 0.05	0.06 0.06 0.05	1.70 1.01 1.17	34 88 122	41 13 54
AREA No. 9. Bishop Auckland U.D. Shildon U.D. Spenymoor U.D.	J. M. Hegarty, M.B., B.Ch., B.A.O., D.P.H. Do. Do.	9,332 4,827 7,543	35,330 14,020 18,990	661 229 328	7 7 4	432 168 237	18.7 16.3 17.3	12.2 12.0 12.5	— — —	23 17 43	— — —	— — —	1.39 1.00 1.32	45 84 119	389 2 4
AREA No. 10. Hartlepool M.B. Billingham U.D. Darlington U.D. Sedgefield R.D. Stockton R.D.	L. R. Benham, M.B., B.S., D.P.H. Do. M. W. Rodgers, M.B., B.Ch., B.A.O., D.P.H. Do. L. R. Benham, M.B., B.S., D.P.H.	1,473 7,855 45,479 39,057 40,614	18,210 32,850 26,100 36,330 10,930	341 724 557 599 198	5 13 8 14 4	165 265 211 500 96	18.7 22.0 21.3 16.5 18.1	9.1 8.1 8.1 13.8 8.8	— — — — —	15 17 27 23 30	0.05 0.03 0.03 0.19 —	0.05 0.03 0.03 0.19 —	0.77 0.76 1.11 2.09 0.73	71 154 98 69 46	61 12 21 404 17
Easington R.D.	J. W. A. Rodgers, M.B., B.Ch., D.P.H.	34,653	86,450	1,699	35	889	19.6	10.3	0.01	29	0.08	0.08	1.42	329	98
Stockton M.B.	H. J. Peters, M.B., B.S., B.Hy., D.P.H., D.P.A.	5,465	83,690	1,759	30	843	21.0	10.1	0.01	20	0.10	0.11	1.23	301	174
ADMINISTRATIVE COUNTY		620,276	969,580	17,639	344	11,287	18.2	11.6	0.01	22	0.06	0.06	1.42	4,191	3,298



TABLE 2.

ADMINISTRATIVE COUNTY OF DURHAM.

COMPARISON OF DEATHS IN CERTAIN AGE GROUPS, 1900-1963.

Year.	Death Rate.	Percentage of Total Deaths.						
		Under 1 year.	1-14 years.	15-24 years.	25-44 years.	45-64 years.	65-74 years.	75 years and over.
1900	18.6	32.0	17.7	5.5	—	—	—	—
					26.9		17.9	
1910	14.3	29.1	16.6	5.2	—	—	—	—
					28.2		20.9	
1920	11.5	25.4	15.6	5.1	11.7	18.5	—	—
					30.2		23.7	
1930	11.2	13.7	10.6	5.3	11.7	23.6	—	—
					35.3		35.1	
1940	13.1	8.4	4.9	3.9	10.0	26.3	24.4	22.1
					36.3		46.5	
1950	11.8	6.1	1.9	1.6	6.3	23.8	27.7	32.6
					30.1		60.3	
1960	11.5	4.5	1.1	0.8	3.9	25.0	26.8	37.9
					28.9		64.7	
1963	11.6	3.6	1.2	0.7	4.1	25.0	27.0	38.4
					29.1		65.4	

TABLE 3.

ADMINISTRATIVE COUNTY OF DURHAM, 1963.

## DEATHS BY CAUSES AT VARIOUS AGE PERIODS.

	All Ages	Under 1 week.	Under 1 mth.	1—3 mths.	3—6 mths.	6—9 mths.	9—12 mths.	Under 1 Year.	1—2 yrs.	2—5 yrs.	5—15 yrs.	15—25 yrs.	25—45 yrs.	45—65 yrs.	65—75 yrs.	75 & Upw.
Smallpox ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea ... ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Enteritis ... ..	23	—	1	3	2	2	1	9	1	1	—	—	3	2	4	3
Cerebro-Spinal Fever ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica ... ..	5	—	—	—	—	—	—	—	—	—	1	—	1	2	—	1
Erysipelas ... ..	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Influenza ... ..	77	—	—	1	—	—	—	1	—	1	—	—	3	10	21	41
Cancer... ..	1,942	—	—	—	—	—	—	—	1	7	13	14	103	793	559	452
Rheumatic Fever ... ..	7	—	—	—	—	—	—	—	—	—	—	1	1	4	1	—
Appendicitis ... ..	8	—	—	—	—	—	—	—	—	—	—	1	—	—	4	3
Other Septic Diseases ... ..	13	1	—	—	—	—	—	1	—	—	1	—	1	5	2	3
Phthisis ... ..	54	—	—	—	—	—	—	—	—	—	—	1	6	22	18	7
Tuberculous Meningitis ... ..	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Abdominal Tuberculosis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases ... ..	4	—	—	—	—	—	—	—	—	—	—	—	—	3	1	—
Bronchitis ... ..	663	—	—	4	5	—	—	9	3	1	3	1	11	211	218	206
Broncho-Pneumonia ... ..	544	2	2	19	21	4	4	52	2	5	3	4	12	78	118	270
Lobar Pneumonia ... ..	69	—	—	1	1	—	—	2	1	—	—	—	4	18	18	26
Pneumonia (All other forms) ... ..	98	3	3	2	5	—	—	13	3	2	1	—	3	13	23	40
Pleurisy ... ..	3	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—
Other Diseases of Respiratory Organs ... ..	122	2	1	2	2	—	—	7	1	—	1	1	7	38	40	27
Alcoholism ... ..	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Cirrhosis of Liver ... ..	21	—	—	—	—	—	—	—	—	—	—	—	1	9	6	5
Nephritis and Bright's Disease ... ..	114	—	—	—	—	—	—	—	—	1	1	3	10	32	29	38
Puerperal Sepsis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases of Pregnancy, Child- birth and the Puerperal State ... ..	4	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—
Congenital Malformation ... ..	90	40	8	7	6	5	4	70	1	4	1	2	3	7	2	—
Premature Birth ... ..	133	129	4	—	—	—	—	133	—	—	—	—	—	—	—	—
Congenital Debility ... ..	11	6	1	1	1	1	—	10	—	—	1	—	—	—	—	—
Marasmus, Atrophy ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Injury at Birth ... ..	8	7	1	—	—	—	—	8	—	—	—	—	—	—	—	—
Atelectasis ... ..	16	14	—	1	1	—	—	16	—	—	—	—	—	—	—	—
Meningitis (not Tuberculous) ... ..	9	1	1	1	1	—	—	4	2	1	—	—	—	2	—	—
Convulsions ... ..	2	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Gastritis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syphilis ... ..	13	—	—	—	—	—	—	—	—	—	—	—	2	1	6	4
Organic Heart Disease ... ..	1,288	—	—	1	1	1	—	3	—	—	3	4	58	301	410	509
Violent or Accidental Death excluding Suicide ... ..	378	3	2	2	6	1	1	15	7	11	22	33	63	81	37	109
Suffocation Overlaying ... ..	1	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—
Burns and Scalds ... ..	13	—	—	—	—	—	—	—	1	—	3	1	—	2	3	3
Suicide ... ..	91	—	—	—	—	—	—	—	—	—	—	3	33	36	9	10
Arterio-Sclerosis ... ..	3,943	—	—	—	—	—	—	—	—	—	—	—	72	908	1,220	1,743
Senility ... ..	623	—	—	—	—	—	—	—	—	—	—	—	—	5	46	572
Cerebral Haemorrhage ... ..	233	10	—	—	1	—	1	12	—	—	—	2	21	67	57	74
Other Defined Diseases ... ..	657	20	2	1	4	2	—	29	4	5	10	7	39	177	196	190
Diseases ill-defined or unknown ... ..	3	—	—	—	1	—	—	1	—	—	—	—	—	—	1	1
TOTAL ... ..	11,287	238	26	47	58	16	11	396	27	39	66	78	464	2,828	3,051	4,338

TABLE 4.

ADMINISTRATIVE COUNTY OF DURHAM.—CLASSIFICATION OF DEATHS AS SUPPLIED BY THE REGISTRAR GENERAL, 1963.

(Throughout this report figures relating to deaths are based on local tabulations extracted from the monthly returns submitted by district registrars).

CAUSES OF DEATH.	AGE PERIODS.										MALE.										FEMALE.									
	TOTAL	M	F	*URBAN DISTRICTS		RURAL DISTRICTS		Under 4 weeks	4 weeks to 1 year	1—5—	5—15—	15—25—	25—35—	35—45—	45—55—	55—65—	75 & over	Under 4 weeks	4 weeks to 1 year	1—5—	5—15—	15—25—	25—35—	35—45—	45—55—	55—65—	75 & over			
				M	F	M	F																							
1. Tuberculosis, respiratory	66	55	11	34	8	21	3	—	—	—	1	—	3	7	19	18	7	—	—	—	—	—	—	4	—	3	1	3		
2. Tuberculosis, other	8	6	2	4	—	2	2	—	—	—	—	—	1	1	2	1	1	1	—	—	—	—	—	—	—	1	—	—		
3. Syphilitic disease	20	14	6	11	4	3	2	—	—	—	—	—	2	1	1	4	6	—	—	—	—	—	—	—	1	2	2	1		
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
6. Meningococcal infections	5	4	1	3	1	1	—	1	—	2	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—		
7. Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
9. Other infective and parasitic diseases	22	14	8	10	5	4	3	—	—	1	1	—	—	1	3	4	3	1	—	—	1	—	—	—	—	1	2	3		
10. Malignant neoplasm, stomach	320	179	141	125	87	54	54	—	—	—	—	—	—	2	24	44	62	47	—	—	—	—	1	2	8	25	49	56		
11. Malignant neoplasm, lung, bronchus	460	404	56	303	38	101	18	—	—	—	—	3	9	57	159	130	46	—	—	—	—	—	—	5	14	13	16	8		
12. Malignant neoplasm, breast	136	1	135	1	94	—	41	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	3	7	36	36	28	25		
13. Malignant neoplasm, uterus	93	—	93	—	56	—	37	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	17	26	21		
14. Other malignant & lymphatic neoplasms	904	480	424	324	295	156	129	—	—	1	5	8	9	19	48	122	139	129	—	2	2	3	6	16	58	87	120	130		
15. Leukamia, aleukaemia	57	33	24	18	17	15	7	—	—	1	5	1	1	4	4	3	8	6	—	3	2	2	3	1	2	4	3	4		
16. Diabetes	76	26	50	18	29	8	21	—	—	1	—	—	—	1	7	7	9	—	—	—	—	—	—	1	2	7	25	15		
17. Vascular lesions of nervous system	1,692	761	931	513	608	248	323	—	—	—	—	2	2	14	34	116	228	365	—	—	—	—	—	3	12	27	104	275		
18. Coronary disease, angina	2,283	1,413	870	982	614	431	256	—	—	—	—	—	3	49	162	411	439	349	—	—	—	—	—	12	26	148	313	371		
19. Hypertension with heart disease	229	94	135	68	91	26	44	—	—	—	—	—	—	2	15	34	43	—	—	—	—	—	—	—	3	16	15	53		
20. Other heart disease	1,085	469	616	324	434	145	182	—	—	—	—	3	8	15	20	52	118	253	—	—	—	1	4	12	20	60	61	133		
21. Other circulatory disease	478	232	246	157	168	75	78	—	—	—	—	—	—	5	12	21	60	134	—	—	—	—	2	4	4	13	47	175		
22. Influenza	100	54	46	37	27	17	19	—	1	—	—	—	—	2	2	12	15	22	—	1	—	—	—	2	—	3	11	29		
23. Pneumonia	671	330	341	219	206	111	135	7	35	5	4	2	1	5	6	47	59	159	8	23	9	2	1	4	8	6	29	79		
24. Bronchitis	703	540	163	377	105	163	58	—	6	2	—	—	—	6	37	142	197	149	—	5	2	—	1	2	13	24	39	77		
25. Other diseases of respiratory system	129	84	45	55	28	29	17	—	2	—	—	—	2	4	24	29	23	—	—	—	—	1	1	4	4	9	22	22		
26. Ulcer of stomach and duodenum	98	67	31	50	21	17	10	—	—	—	—	—	—	2	8	20	23	13	—	—	—	—	—	—	—	8	9	14		
27. Gastritis, enteritis and diarrhoea	34	14	20	10	11	4	9	1	4	2	—	—	—	1	—	1	3	2	—	—	—	1	1	1	4	3	4	4		
28. Nephritis and nephrosis	69	40	29	31	21	9	8	—	1	1	1	2	3	5	5	8	7	7	—	—	—	—	—	—	1	3	5	15		
29. Hyperplasia of prostate	32	32	—	23	—	9	—	—	—	—	—	—	—	—	—	3	7	22	—	—	—	—	—	—	—	—	—	—		
30. Pregnancy, childbirth, abortion	4	—	4	—	3	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
31. Congenital malformations	113	56	57	32	42	24	15	29	10	2	2	2	1	1	2	5	1	1	—	4	1	1	1	2	2	3	—	—		
32. Other defined and ill-defined diseases	915	408	507	276	351	132	156	110	6	3	12	6	4	17	25	43	64	118	4	6	1	3	8	17	26	59	95	206		
33. Motor vehicle accidents	106	79	27	47	21	32	6	—	—	6	5	15	8	17	6	10	5	7	—	—	—	—	—	2	4	2	4	2		
34. All other accidents	282	165	117	110	79	55	38	2	5	3	10	12	7	19	22	25	18	42	—	5	6	3	2	—	6	6	14	69		
35. Suicide	92	51	41	36	27	15	14	—	—	—	—	2	7	9	8	13	6	6	—	—	—	—	1	5	12	4	12	3		
36. Homicide and operations of war	3	1	2	1	1	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—		
TOTAL	11,285	6,106	5,179	4,199	3,492	1,907	1,687	149	71	30	45	59	57	211	501	1,331	1,685	1,967	114	61	37	21	21	49	144	288	707	1,367	2,370	

\*Including Municipal Boroughs of Durham, Hartlepool, Jarrow and Stockton.



TABLE 5.

Comparative Vital Statistics, Administrative County of Durham and England and Wales, 1963.

	Rates per 1,000 Population.										Rates per 1,000 Live Births.		Rates per 1,000 Total (Live and Still) Births.	
	Live Births	Still Births	DEATHS.								DEATHS		Maternal Mortality.	
			All Causes	Typhoid and Para-Typhoid	Whooping Cough	Diphtheria	Tuberculosis	Influenza	Acute Poliomyelitis	Pneumonia	Under one year—all causes	Enteritis and Diarrhoea Under 2 years		
DURHAM COUNTY ...	18.2	0.35	11.6	—	—	—	0.06	0.08	—	0.73	22.5	0.51	0.22	
*ENGLAND and WALES	18.2	0.32	12.2	0.00	0.00	0.00	0.06	0.07	0.00	0.92	20.9	†	0.28	

\* Provisional.

† Not available.

TABLE 6.

ADMINISTRATIVE COUNTY OF DURHAM.

COMPARATIVE BIRTH AND INFANT MORTALITY STATISTICS, 1954-1963.

Year.	Births.	Deaths under 1 year.	Infant Mortality Rate.	Perinatal Mortality Rate.	Early Neo-Natal Mortality Rate.	Infant Mortality Rate. 1 week—1 year.
1954	15,732	484	31	42.6	17.9	12.6
1955	15,734	496	32	42.0	18.1	13.1
1956	16,428	451	27	40.1	15.9	11.3
1957	17,063	462	27	39.8	14.9	11.9
1958	17,414	443	25	37.8	14.9	10.3
1959	16,976	453	27	39.1	16.0	10.5
1960	17,622	488	28	40.1	17.0	10.4
1961	17,411	407	23	35.7	13.8	9.3
1962	17,910	467	26	35.7	16.4	9.5
1963	17,639	396	22	32.4	13.5	8.8

TABLE 7.

## HOME NURSING STATISTICS.

Year.	Staff.		General Medical.		General Surgical.		Infectious Diseases.		Tuberculosis.		Maternal Complications.		Others.		Total.	
	Whole-time	Part-time	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits
1962	120	34	10,986	297,892	4,141	91,369	18	87	512	33,235	82	624	—	6,515	15,739	429,722
1963	118	32	12,097	306,663	3,854	87,693	41	447	488	34,066	90	1,009	—	6,568	16,570	436,446

  

Year.	Patients included in above Table who were 65 or over at the time of the first visit during the year.		Children included in above Table who were under 5 at the time of the first visit during the year.		Patients included in above Table who have had more than 24 visits during the year.	
	Cases	Visits	Cases	Visits	Cases	Visits
1962	7,308	237,356	1,006	7,100	3,988	280,585
1963	6,914	284,114	1,025	7,144	4,150	292,306

TABLE 8.

## ADMINISTRATIVE COUNTY OF DURHAM.

Number of Persons Vaccinated or Re-vaccinated against Smallpox for which records were received during the year 1963.

District.	VACCINATED Age at date of Vaccination.						RE-VACCINATED Age at date of Re-vaccination.					
	Under 1	1	2 to 4	5 to 14	15 or over	Total	Under 1	1	2 to 4	5 to 14	15 or over	Total
<i>Area No. 1.</i>												
Blaydon U.D. ...	27	35	10	23	65	160	—	—	—	12	59	71
Ryton U.D. ...	33	16	—	8	10	67	—	—	—	—	7	7
Whickham U.D. ...	35	31	6	33	74	179	—	—	4	27	151	182
<i>Area No. 2.</i>												
Jarrow M.B. ...	38	19	1	5	4	67	—	—	2	2	17	21
Felling U.D. ...	61	56	14	21	57	209	—	—	4	15	103	122
Hebburn U.D. ...	58	17	3	10	15	103	—	—	1	3	26	30
<i>Area No. 3.</i>												
Consett U.D. ...	62	72	50	330	472	986	—	2	11	87	467	567
Stanley U.D. ...	41	52	7	18	32	150	—	—	—	5	40	45
Lanchester R.D. ...	11	10	7	5	3	36	—	—	—	2	8	10
<i>Area No. 4.</i>												
Chester-le-Street U.D.	66	18	36	133	235	488	—	—	6	54	284	344
Chester-le-Street R.D.	73	32	27	127	144	403	—	—	5	12	156	173
<i>Area No. 5.</i>												
Boldon U.D. ...	36	34	14	24	74	182	—	1	1	8	73	83
Hetton U.D. ...	13	5	8	24	31	81	—	—	1	5	23	29
Houghton-le-Spring U.D.	35	43	33	127	201	439	—	—	1	25	123	149
Seaham U.D. ...	50	12	9	26	63	160	—	—	3	7	40	50
Washington U.D. ...	61	10	16	60	56	203	—	—	1	7	66	74
Sunderland R.D. ...	81	8	6	15	39	149	—	—	2	6	35	43
<i>Area No. 6.</i>												
Crook & Willington U.D.	29	16	4	52	107	208	—	—	4	46	271	321
Tow Law U.D. ...	3	—	—	—	—	3	—	—	—	—	—	—
Weardale R.D. ...	17	5	9	44	42	117	—	—	3	37	106	146
<i>Area No. 7.</i>												
Durham M.B. ...	31	11	7	28	178	255	—	—	2	35	288	325
Brandon & Byshottles U.D. ...	36	12	7	38	51	144	—	—	2	9	75	86
Durham R.D. ...	81	38	53	189	231	592	—	—	—	22	134	156
<i>Area No. 8.</i>												
Barnard Castle U.D. ...	6	4	1	44	42	97	—	—	—	1	1	2
Barnard Castle R.D. ...	18	10	11	48	49	136	—	—	5	54	138	197
<i>Area No. 9.</i>												
Bishop Auckland U.D.	55	40	27	141	112	375	—	1	6	56	157	220
Shildon U.D. ...	27	12	6	18	39	102	—	—	7	20	48	75
Spennymoor U.D. ...	26	24	61	252	313	676	—	—	9	61	230	300
<i>Area No. 10.</i>												
Hartlepool M.B. ...	31	4	1	2	2	40	—	—	1	1	6	8
Billingham U.D. ...	72	46	9	21	22	170	—	1	5	7	11	24
Darlington R.D. ...	35	36	38	67	86	262	—	—	5	45	187	237
Sedgefield R.D. ...	47	43	14	101	180	385	—	—	4	25	107	136
Stockton R.D. ...	8	6	1	—	2	17	—	—	—	7	3	10
<i>Easington R.D.</i> ...	313	52	62	186	255	868	—	—	2	20	138	160
<i>Stockton M.B.</i> ...	69	71	19	15	17	191	—	—	7	6	32	45
ADMINISTRATIVE COUNTY	1,685	900	577	2,235	3,303	8,700	—	5	104	729	3,610	4,448

TABLE 9.

ADMINISTRATIVE COUNTY OF DURHAM—Diphtheria Immunisation, 1963.

District.	Live Births Registered.		Number of children who had completed a full course of Immunisation at any time up to 31st December, 1963.		Records received during the year of full courses of primary immunisation.			Records received during the year of reinforcing injections.
	1962	1963	Under 5	5-15	Under 5	5-15	Total	
<i>Area No. 1.</i>								
Blaydon U.D. ... ..	514	548	1,629	3,580	419	387	806	973
Ryton U.D. ... ..	213	236	787	1,670	213	106	319	469
Whickham U.D. ... ..	458	439	1,485	3,024	276	225	501	756
<i>Area No. 2.</i>								
Jarrow M.B. ... ..	541	479	1,161	4,310	280	712	992	1,098
Felling U.D. ... ..	793	749	1,935	3,398	535	19	554	136
Hebburn U.D. ... ..	498	504	1,308	3,691	399	578	977	908
<i>Area No. 3.</i>								
Consett U.D. ... ..	641	656	2,038	4,866	601	34	635	426
Stanley U.D. ... ..	749	694	2,284	5,704	530	48	578	418
Lanchester R.D. ... ..	241	238	572	1,686	153	245	398	412
<i>Area No. 4.</i>								
Chester-le-Street U.D. ... ..	303	362	984	1,914	289	41	330	185
Chester-le-Street R.D. ... ..	763	751	1,775	4,006	467	58	525	234
<i>Area No. 5.</i>								
Boldon U.D. ... ..	448	527	1,229	1,789	437	3	440	125
Hetton U.D. ... ..	250	244	480	1,305	134	3	137	32
Houghton-le-Spring U.D. ... ..	605	575	1,650	2,763	505	21	526	188
Seaham U.D. ... ..	495	450	1,095	2,366	248	11	259	89
Washington U.D. ... ..	366	390	968	1,937	257	5	262	91
Sunderland R.D. ... ..	571	542	1,177	2,543	335	10	345	123
<i>Area No. 6.</i>								
Crook & Willington U.D. ... ..	367	365	878	2,337	254	321	575	348
Tow Law U.D. ... ..	56	44	139	410	51	66	117	65
Weardale R.D. ... ..	117	89	394	939	90	43	133	159
<i>Area No. 7.</i>								
Durham M.B. ... ..	301	299	773	2,041	185	164	349	409
Brandon & Byshottles U.D. ... ..	387	373	1,010	2,431	244	313	557	503
Durham R.D. ... ..	645	619	1,654	3,569	439	425	864	969
<i>Area No. 8.</i>								
Barnard Castle U.D. ... ..	105	96	229	498	57	51	108	99
Barnard Castle R.D. ... ..	279	275	697	2,115	142	172	314	350
<i>Area No. 9.</i>								
Bishop Auckland U.D. ... ..	666	661	1,465	3,751	380	794	1,174	886
Shildon U.D. ... ..	248	229	654	1,413	164	297	461	411
Spennymoor U.D. ... ..	310	328	676	2,151	194	434	628	561
<i>Area No. 10.</i>								
Hartlepool M.B. ... ..	366	341	720	2,413	188	390	578	524
Billingham U.D. ... ..	721	724	2,069	5,587	500	356	856	594
Darlington R.D. ... ..	587	557	1,394	2,706	374	319	693	412
Sedgefield R.D. ... ..	558	599	1,568	3,452	444	681	1,125	1,122
Stockton R.D. ... ..	149	198	393	877	115	100	215	264
<i>Easington R.D.</i> ... ..	1,768	1,699	4,230	8,151	988	83	1,071	266
<i>Stockton M.B.</i> ... ..	1,831	1,759	3,927	9,078	1,174	162	1,336	639
Administrative County ... ..	17,910	17,639	45,427	104,471	12,061	7,677	19,738	15,244

The number of children in the county immunised up to 31st December, expressed as a proportion of the mid-1963 child population was : 0-5 years, 53.7% and 5-15 years, 63.8%



TABLE 10.

## ADMINISTRATIVE COUNTY OF DURHAM.

## WHOOPIING COUGH IMMUNISATION, 1963.

Number of children who had completed a primary course (normally 3 injections) of Pertussis vaccine (singly or in combinations) for which records were received during the year.

District.								Under 1	1 to 4	5 to 14	Total.
<i>Area No. 1.</i>											
Blaydon U.D.	...	...	...	...	...	...	...	172	205	8	385
Ryton U.D.	...	...	...	...	...	...	...	89	123	3	215
Whickham U.D.	...	...	...	...	...	...	...	93	168	8	269
<i>Area No. 2.</i>											
Jarrow M.B.	...	...	...	...	...	...	...	77	186	13	276
Felling U.D.	...	...	...	...	...	...	...	165	336	9	510
Hebburn U.D.	...	...	...	...	...	...	...	104	253	33	390
<i>Area No. 3.</i>											
Consett U.D.	...	...	...	...	...	...	...	247	352	11	610
Stanley U.D.	...	...	...	...	...	...	...	208	313	32	553
Lanchester R.D.	...	...	...	...	...	...	...	49	103	3	155
<i>Area No. 4.</i>											
Chester-le-Street U.D.	...	...	...	...	...	...	...	104	173	22	299
Chester-le-Street R.D.	...	...	...	...	...	...	...	183	274	22	479
<i>Area No. 5.</i>											
Boldon U.D.	...	...	...	...	...	...	...	166	238	2	406
Hetton U.D.	...	...	...	...	...	...	...	47	87	3	137
Houghton-le-Spring U.D.	...	...	...	...	...	...	...	169	335	17	521
Seaham U.D.	...	...	...	...	...	...	...	68	177	7	252
Washington U.D.	...	...	...	...	...	...	...	104	153	—	257
Sunderland R.D.	...	...	...	...	...	...	...	100	186	5	291
<i>Area No. 6.</i>											
Crook U.D.	...	...	...	...	...	...	...	77	177	15	269
Tow Law U.D.	...	...	...	...	...	...	...	14	37	3	54
Weardale R.D.	...	...	...	...	...	...	...	26	64	1	91
<i>Area No. 7.</i>											
Durham M.B.	...	...	...	...	...	...	...	51	131	12	194
Brandon U.D.	...	...	...	...	...	...	...	57	181	5	243
Durham R.D.	...	...	...	...	...	...	...	164	274	17	455
<i>Area No. 8.</i>											
Barnard Castle U.D.	...	...	...	...	...	...	...	15	40	1	56
Barnard Castle R.D.	...	...	...	...	...	...	...	40	101	5	146
<i>Area No. 9.</i>											
Bishop Auckland U.D.	...	...	...	...	...	...	...	170	202	18	390
Shildon U.D.	...	...	...	...	...	...	...	77	81	13	171
Spennymoor U.D.	...	...	...	...	...	...	...	84	106	6	196
<i>Area No. 10.</i>											
Hartlepool M.B.	...	...	...	...	...	...	...	58	128	4	190
Billingham U.D.	...	...	...	...	...	...	...	165	325	17	507
Darlington R.D.	...	...	...	...	...	...	...	113	253	5	371
Sedgefield R.D.	...	...	...	...	...	...	...	199	228	18	445
Stockton R.D.	...	...	...	...	...	...	...	36	79	2	117
<i>Easington R.D.</i>								235	748	80	1,063
<i>Stockton M.B.</i>								455	719	23	1,197
ADMINISTRATIVE COUNTY								4,181	7,536	443	12,160

TABLE 11.

## ADMINISTRATIVE COUNTY OF DURHAM—POLIOMYELITIS VACCINATION, 1963.

District.	Number of Persons who have received a primary course of vaccination with Salk Vaccine.					No. of Persons who received Third Injections during the year.	No. of Persons who received Fourth Injections during the year.	Number of Persons who have received a primary course of vaccination with Oral Vaccine.					No. of Persons given Reinforcing dose of Oral after two injections.	No. of Persons given Reinforcing Fourth dose of Oral Vaccine.
	Children born in 1963.	Children born in 1962.	Children born in 1961.	Children and Young Persons born in Years 1943-60.	Young Persons born in Years 1933-42.	Others.	Total.	Children born in 1963.	Children born in 1962.	Children born in 1961.	Children and Young Persons born in Years 1943-60.	Young Persons born in Years 1933-42.	Others.	Total.
1. Blaydon U.D. Ryton U.D. Whickham U.D.	11	20	23	21	66	12	153	92	562	117	191	129	182	1,273
2. Jarrow M.B. Felling U.D. Hebburn U.D.	5	11	18	20	8	10	72	112	601	164	294	249	81	1,501
3. Consett U.D. Stanley U.D. Lanchester R.D.	4	10	10	19	3	8	54	186	722	187	601	216	307	2,219
4. Chester-le-Street U.D. Chester-le-Street R.D.	7	16	20	92	26	49	210	102	436	191	199	153	186	1,267
5. Boldon U.D. Hetton U.D. Houghton U.D. Seaham U.D. Washington U.D. Sunderland R.D.	—	17	120	551	129	298	1,115	126	834	298	1,532	265	307	3,362
6. Crook U.D. Tow Law U.D. Weardale R.D.	5	35	25	163	41	43	312	34	149	32	80	29	53	377
7. Durham M.B. Brandon U.D. Durham R.D.	16	56	28	38	12	9	159	85	391	112	111	83	102	884
8. Barnard Castle U.D. Barnard Castle R.D.	4	—	7	15	—	—	26	18	109	21	48	12	11	219
9. Bishop Auckland U.D. Shildon U.D. Spennymoor U.D.	—	2	32	86	25	36	181	110	365	116	188	97	115	991
10. Billingham U.D. Hartlepool M.B. Darlington R.D. Stockton R.D. Sedgefield R.D.	7	18	20	89	32	60	226	182	860	235	386	161	221	2,045
Easington R.D.	23	57	147	306	87	136	756	114	676	203	1,066	215	301	2,575
Stockton M.B.	40	36	10	13	5	9	113	153	594	357	1,269	174	199	2,746
Total	122	278	460	1,413	434	670	3,377	1,314	6,299	2,033	5,965	1,783	2,065	19,459
														2,893
														8,330

TABLE 12.

## ADMINISTRATIVE COUNTY OF DURHAM.

## AMBULANCE SERVICE—STATISTICS, 1948-63.

Year	No. of Journeys	OUT-PATIENTS ONLY			GENERAL SERVICE†			EMERGENCY SERVICE			TOTALS ALL CASES			Total Mileage	Ambulances	Men
		Stretcher cases	Sitting cases	Total	Stretcher cases	Sitting cases	Total	Stretcher cases	Sitting cases	Total	Stretcher cases	Sitting cases	Total			
*1948	22,989	3,280	17,846	21,126	15,259	23,762	39,021	1,277	—	1,277	16,536	23,762	40,298	552,486	72	118
1949	61,906	7,395	63,463	70,858	29,609	84,995	114,604	2,321	1,428	3,749	31,930	86,423	118,353	1,501,047	92	248
1950	79,896	10,635	89,624	100,259	34,032	120,982	155,014	2,269	2,008	4,277	36,301	122,990	159,291	1,979,681	86	268
†1951	86,429	13,697	128,320	142,017	34,833	163,807	198,640	5,737	5,635	11,372	40,570	169,442	210,012	2,129,585	99	270
†1952	90,243	19,587	199,937	219,524	35,954	239,672	275,626	11,044	6,778	17,822	46,998	246,450	293,448	2,268,166	93	271
1953	92,329	18,527	197,915	216,442	34,374	240,721	275,095	12,322	7,373	19,695	46,696	248,094	294,790	2,286,856	91	272
1954	93,135	19,267	196,621	215,888	35,221	241,757	276,978	14,357	7,277	21,634	49,578	249,034	298,612	2,253,087	100	281
1955	90,796	18,220	208,783	227,003	33,559	254,652	288,211	15,424	7,553	22,977	48,983	262,205	311,188	2,303,313	97	272
1956	89,380	18,584	203,795	222,379	34,405	248,310	282,715	16,640	7,319	23,959	51,045	255,629	306,674	2,259,284	98	283
1957	91,504	17,691	203,104	220,795	34,781	249,720	284,501	18,071	7,480	25,551	52,852	257,200	310,052	2,269,711	91	277
1958	89,853	17,926	200,533	218,459	34,696	247,873	282,569	17,915	6,923	24,838	52,611	254,796	307,407	2,257,907	94	290
1959	86,380	15,996	199,211	215,207	31,788	244,302	276,090	18,657	6,596	25,253	50,445	250,898	301,343	2,212,705	86	289
1960	89,368	16,401	214,301	230,702	32,036	259,967	292,003	20,572	6,789	27,361	52,608	266,756	319,364	2,284,635	80	290
1961	88,588	17,296	232,206	249,502	32,311	276,423	308,734	21,890	6,395	28,285	54,201	282,818	337,019	2,318,275	90	286
1962	95,417	18,513	255,418	273,931	32,820	300,159	332,979	22,454	6,570	29,024	55,274	306,729	362,003	2,448,132	96	286
1963	95,865	18,808	273,080	291,888	32,984	319,428	352,412	24,168	6,789	30,957	57,152	326,217	383,369	2,554,115	92	291

\* Half year only.

† Part of the increase in the figures recording the patients carried is due to the revised method of annual costing laid down by the Ministry of Health in Circular 25/51, which became operative on 1st August, 1951.

‡ Includes figures shown under "OUT-PATIENTS ONLY".

TABLE 13.

ADMINISTRATIVE COUNTY OF DURHAM, 1963.

## TUBERCULOSIS—NEW CASES AND MORTALITY.

AGE PERIOD.	NEW CASES.							DEATHS.						
	Respiratory.			Non-Respiratory.			Total	Respiratory.			Non-Respiratory.			Total.
	M.	F.	T.	M.	F.	T.		M.	F.	T.	M.	F.	T.	
0 ... ..	1	1	2	—	—	—	2	—	—	—	—	—	—	—
1 ... ..	2	—	2	1	—	1	3	—	—	—	—	—	—	—
2 ... ..	4	7	11	—	—	—	11	—	—	—	—	—	—	—
5 ... ..	4	6	10	1	4	5	15	—	—	—	—	—	—	—
10 ... ..	2	9	11	2	—	2	13	—	—	—	—	1	1	1
15 ... ..	19	26	45	5	2	7	52	1	—	1	—	—	—	1
20 ... ..	20	15	35	1	5	6	41	—	—	—	—	—	—	—
25 ... ..	22	28	50	4	8	12	62	—	—	—	—	—	—	—
35 ... ..	36	19	55	4	7	11	66	3	3	6	—	—	—	6
45 ... ..	46	7	53	4	2	6	59	7	—	7	1	—	1	8
55 ... ..	44	9	53	5	—	5	58	12	3	15	2	—	2	17
65 ... ..	17	3	20	—	3	3	23	15	3	18	1	—	1	19
75 and upwards ...	5	—	5	—	—	—	5	6	1	7	—	—	—	7
Totals ...	222	130	352	27	31	58	410	44	10	54	4	1	5	59



TABLE 14.

ADMINISTRATIVE COUNTY OF DURHAM, 1963.

Notifications of tuberculosis in each urban and rural district of the administrative county during the period 1st January, 1963 to 31st December, 1963.

District.	Primary Notifications of new cases of Tuberculosis.			
	Respiratory.		Non-respiratory.	
	Males.	Females.	Males.	Females.
<i>Area No. 1.</i>				
Blaydon U.D. ... ..	6	4	1	2
Ryton U.D. ... ..	5	—	—	—
Whickham U.D. ... ..	6	2	2	—
<i>Area No. 2.</i>				
Jarrow M.B. ... ..	20	14	1	—
Felling U.D. ... ..	17	13	—	2
Hebburn U.D. ... ..	17	7	1	3
<i>Area No. 3.</i>				
Consett U.D. ... ..	9	6	1	5
Stanley U.D. ... ..	10	6	4	3
Lanchester R.D. ... ..	3	—	—	1
<i>Area No. 4.</i>				
Chester-le-Street U.D. ... ..	3	2	—	1
Chester-le-Street R.D. ... ..	12	4	3	1
<i>Area No. 5.</i>				
Boldon U.D. ... ..	5	3	2	1
Hetton U.D. ... ..	5	4	1	—
Houghton-le-Spring U.D. ... ..	5	5	1	2
Seaham U.D. ... ..	5	3	—	3
Washington U.D. ... ..	4	4	1	—
Sunderland R.D. ... ..	6	1	1	1
<i>Area No. 6.</i>				
Crook and Willington U.D. ... ..	4	1	—	—
Tow Law U.D. ... ..	—	—	—	—
Weardale R.D. ... ..	2	1	1	—
<i>Area No. 7.</i>				
Durham M.B. ... ..	4	2	—	—
Brandon and Byshtottes U.D. ... ..	5	1	—	—
Durham R.D. ... ..	6	1	—	—
<i>Area No. 8.</i>				
Barnard Castle U.D. ... ..	1	—	—	—
Barnard Castle R.D. ... ..	—	—	2	—
<i>Area No. 9.</i>				
Bishop Auckland U.D. ... ..	8	8	—	2
Sildon U.D. ... ..	1	1	1	—
Spennymoor U.D. ... ..	5	—	1	—
<i>Area No. 10.</i>				
Hartlepool M.B. ... ..	—	2	—	—
Billingham U.D. ... ..	2	7	1	—
Darlington R.D. ... ..	3	3	—	—
Sedgefield R.D. ... ..	4	—	—	—
Stockton R.D. ... ..	—	—	—	—
Easington R.D. ... ..	15	12	1	3
Stockton M.B. ... ..	24	13	1	1
ADMINISTRATIVE COUNTY ... ..	222	130	27	31

TABLE 15.

ADMINISTRATIVE COUNTY OF DURHAM, 1963.

New cases of tuberculosis coming to the knowledge of the County Medical Officer of Health otherwise than by Formal Notification.

SOURCES OF INFORMATION.			Number of cases in age Groups.													TOTAL	
			0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—		
Death Returns from Local Registrars	Respiratory	M	—	—	—	—	—	—	—	—	1	2	5	6	3	17 (A)	
		F	—	—	—	—	—	—	—	—	—	—	1	1	2 (B)		
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	1	—	—	1	2 (C)	
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	— (D)	
Death Returns from Registrar- General (Trans- ferable deaths)	Respiratory	M	—	—	—	—	—	—	—	—	1	—	2	7	—	10 (A)	
		F	—	—	—	—	—	—	—	—	1	—	1	—	—	2 (B)	
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	1	1	—	2 (C)	
		F	—	—	—	—	—	—	—	—	1	—	—	—	—	1 (D)	
Posthumous Noti- fications	Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	1	—	1 (A)	
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	— (B)	
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	— (C)	
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	— (D)	
TOTALS															(A)	28	
															(B)	4	
															(C)	4	
															(D)	1	

TABLE 16.

ADMINISTRATIVE COUNTY OF DURHAM, 1963.

## DEATHS FROM RESPIRATORY TUBERCULOSIS.

District.	15-24		25-34		35-44		45-54		55-64		65-74		75 and upwards		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
<i>Area No. 1.</i>																
Blaydon U.D. ... ..	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	—
Ryton U.D. ... ..	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Whickham U.D. ... ..	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
<i>Area No. 2.</i>																
Jarrow M.B. ... ..	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Felling U.D. ... ..	—	—	—	—	—	1	1	—	1	1	—	—	—	—	2	2
Hebburn U.D. ... ..	—	—	—	—	—	—	1	—	—	—	—	1	—	—	1	1
<i>Area No. 3.</i>																
Consett U.D. ... ..	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Stanley U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Lanchester R.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Area No. 4.</i>																
Chester-le-Street U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—
Chester-le-Street R.D. ... ..	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	—
<i>Area No. 5.</i>																
Boldon U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hetton U.D. ... ..	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Houghton-le-Spring U.D. ... ..	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Seaham U.D. ... ..	—	—	—	—	—	—	—	—	2	—	1	1	—	—	3	1
Washington U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sunderland R.D. ... ..	—	—	—	—	—	—	—	—	1	—	1	—	2	—	4	—
<i>Area No. 6.</i>																
Crook and Willington U.D. ... ..	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Tow Law U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Weardale R.D. ... ..	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
<i>Area No. 7.</i>																
Durham M.B. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Brandon and Byshottles U.D. ... ..	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Durham R.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Area No. 8.</i>																
Barnard Castle U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Barnard Castle R.D. ... ..	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
<i>Area No. 9.</i>																
Bishop Auckland U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Shildon U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spennymoor U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Area No. 10.</i>																
Hartlepool M.B. ... ..	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Billingham U.D. ... ..	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Darlington R.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sedgefield R.D. ... ..	—	—	—	—	—	—	1	—	2	—	2	—	2	—	7	—
Stockton R.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Easington R.D. ... ..	1	—	—	—	1	—	2	—	2	—	1	—	—	—	7	—
Stockton M.B. ... ..	—	—	—	—	1	1	1	—	—	1	3	1	—	—	5	3
ADMINISTRATIVE COUNTY ... ..	1	—	—	—	3	3	7	—	12	3	15	3	6	1	44	10

TABLE 17.

ADMINISTRATIVE COUNTY OF DURHAM.  
DEATHS FROM NON-RESPIRATORY TUBERCULOSIS.

Area No.	District.	Age Period.	Sex.	Number of deaths.
5	Houghton U.D. ... ..	65 — 74	M	1
7	Brandon U.D. ... ..	45 — 54	M	1
7	Durham R.D. ... ..	55 — 64	M	1
10	Stockton R.D. ... ..	5 — 14	F	1
—	Stockton M.B. ... ..	55 — 64	M	1

TABLE 18.

ADMINISTRATIVE COUNTY OF DURHAM.—New Cases and Deaths (with Death-rates and Attack-rates, 1934-1963.)  
TUBERCULOSIS.

Year.	RESPIRATORY.				NON-RESPIRATORY.				TOTAL.			
	New Cases	Number of Deaths	*Death Rate	*Attack Rate	New Cases	Number of Deaths	*Death Rate	*Attack Rate	New Cases	Number of Deaths	*Death Rate	*Attack Rate
1934	852	654	0.71	0.93	618	142	0.16	0.68	1,470	796	0.87	1.61
1935	752	610	0.67	0.83	554	142	0.16	0.61	1,306	752	0.83	1.44
1936	764	554	0.62	0.85	573	135	0.15	0.64	1,337	689	0.77	1.49
1937	740	523	0.59	0.84	530	133	0.15	0.60	1,270	656	0.74	1.43
1938	656	470	0.53	0.74	595	124	0.14	0.67	1,251	594	0.67	1.42
1939	705	509	0.58	0.80	520	121	0.14	0.59	1,225	630	0.72	1.39
1940	671	526	0.61	0.79	474	82	0.10	0.56	1,145	608	0.72	1.35
1941	770	542	0.65	0.92	481	106	0.13	0.57	1,251	648	0.77	1.49
1942	757	435	0.53	0.92	492	123	0.15	0.60	1,249	558	0.67	1.52
1943	836	514	0.63	1.03	530	90	0.11	0.65	1,366	604	0.74	1.68
1944	914	423	0.51	1.11	481	100	0.12	0.59	1,395	523	0.63	1.70
1945	913	458	0.55	1.10	514	104	0.13	0.62	1,427	562	0.68	1.72
1946	1,051	430	0.50	1.22	385	111	0.13	0.45	1,436	541	0.63	1.66
1947	1,008	516	0.59	1.16	338	96	0.11	0.39	1,346	612	0.70	1.55
1948	1,127	436	0.49	1.27	295	92	0.10	0.33	1,422	528	0.59	1.60
1949	1,067	428	0.47	1.18	273	74	0.08	0.30	1,340	502	0.56	1.48
1950	1,289	356	0.39	1.42	243	56	0.06	0.27	1,532	412	0.45	1.69
1951	1,179	321	0.36	1.31	212	48	0.05	0.24	1,391	369	0.41	1.55
1952	1,038	222	0.25	1.15	167	26	0.03	0.19	1,205	248	0.28	1.34
1953	917	221	0.24	1.01	144	24	0.03	0.16	1,061	245	0.27	1.17
1954	810	176	0.19	0.89	133	15	0.02	0.15	943	191	0.21	1.04
1955	707	162	0.18	0.77	115	22	0.02	0.13	822	184	0.20	0.90
1956	684	105	0.11	0.74	106	11	0.01	0.12	790	116	0.13	0.86
1957	632	125	0.13	0.68	107	11	0.01	0.12	739	136	0.15	0.80
1958	595	101	0.11	0.64	91	15	0.02	0.10	686	116	0.12	0.73
1959	480	94	0.10	0.51	77	8	0.01	0.08	557	102	0.11	0.59
1960	474	90	0.09	0.50	65	7	0.01	0.07	539	97	0.10	0.57
1961	418	74	0.08	0.44	74	3	0.003	0.08	492	77	0.08	0.52
1962	425	55	0.06	0.44	61	4	0.004	0.06	486	59	0.06	0.50
1963	352	54	0.06	0.36	58	5	0.005	0.06	410	59	0.06	0.42

\*Rates per 1,000 population.



TABLE 19.  
ADMINISTRATIVE COUNTY OF DURHAM.  
TUBERCULOSIS—New Cases and Deaths, 1934-1963.

Year.	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
1934 ... ..	456	396	321	297	342	312	75	67
1935 ... ..	376	376	306	248	315	295	79	63
1936 ... ..	384	380	298	275	298	256	72	63
1937 ... ..	406	334	272	258	268	255	65	68
1938 ... ..	339	317	302	293	270	200	57	67
1939 ... ..	410	295	266	254	292	217	67	54
1940 ... ..	380	291	226	248	290	236	45	37
1941 ... ..	388	382	241	240	299	243	55	51
1942 ... ..	367	390	248	244	245	190	68	55
1943 ... ..	438	398	240	290	296	218	64	26
1944 ... ..	445	469	235	246	233	190	51	49
1945 ... ..	527	386	249	265	255	203	48	56
1946 ... ..	604	447	202	183	231	199	64	47
1947 ... ..	534	474	166	172	253	263	58	38
1948 ... ..	595	532	146	149	200	236	58	34
1949 ... ..	552	515	127	146	240	188	39	35
1950 ... ..	682	607	113	130	220	136	34	22
1951 ... ..	654	525	102	110	195	126	26	22
1952 ... ..	562	476	70	97	138	84	13	13
1953 ... ..	502	415	66	78	129	92	14	10
1954 ... ..	449	361	68	65	120	56	11	4
1955 ... ..	376	331	54	61	108	54	9	13
1956 ... ..	367	317	54	52	77	28	5	6
1957 ... ..	368	264	42	65	96	29	7	4
1958 ... ..	371	224	39	52	74	27	12	3
1959 ... ..	289	191	32	45	74	20	7	1
1960 ... ..	300	174	28	37	63	27	3	4
1961 ... ..	257	161	37	37	57	17	2	1
1962 ... ..	259	166	25	36	48	7	3	1
1963 ... ..	222	130	27	31	44	10	4	1

TABLE 20.  
ADMINISTRATIVE COUNTY OF DURHAM, 1963.  
Numbers of Venereal Diseases patients treated for the first time.

	Treatment Centres.								Total.
	Durham County Hosp.	Stockton and Thor'by Hosp.	New-castle General Hosp.	South Shields Clinic.	Royal Infir. Sunderland.	General Hospital West Hartle-pool.	Memorial Hospital Dar-lington.	General Hospital Middles-brough.	
Syphilis ... ..	2	1	7	3	4	2	2	1	22
Gonorrhoea ... ..	6	17	60	17	26	1	13	17	157
Other Conditions	66	31	291	56	154	16	50	45	709
Totals ... ..	74	49	358	76	184	19	65	63	888

TABLE 21.

ADMINISTRATIVE COUNTY OF DURHAM, 1963—Deaths from cancer showing the organs affected, sex and age periods.

District.	Deaths at subjoined ages.					Buccal Cavity and Pharynx		Digestive Organs and Peritoneum		Respiratory System		Uterus	Other Female Genital Organs	Breast		Male Genital Organs	Urinary Organs		Skin (Scrotum excepted)		Brain and other parts of the Nervous System		Other or Unspecified Organs		TOTALS	
	0-25	25-45	45-65	65-75	75 & Up	M.	F.	M.	F.	M.	F.			M.	F.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
EA No. 1. Blaydon U.D. ...	1	6	32	15	15	2	—	10	12	23	1	5	—	—	2	2	1	—	—	2	1	—	4	4	43	26
Ryton U.D. ...	—	—	13	8	7	1	—	7	7	3	1	2	1	—	3	—	—	—	—	—	—	—	2	1	13	15
Whickham U.D. ...	—	2	22	15	5	1	—	9	6	14	1	—	—	—	4	1	—	1	—	—	—	1	4	2	29	15
EA No. 2. Farrow M.B. ...	1	3	33	19	16	—	1	14	18	15	2	3	2	—	7	2	1	2	—	—	1	—	1	3	34	38
Felling U.D. ...	—	11	28	18	16	1	—	18	14	23	—	3	1	—	2	4	1	1	—	—	—	2	2	1	49	24
Hebburn U.D. ...	—	8	26	21	13	—	—	11	14	16	4	1	—	—	7	1	3	2	—	2	—	1	4	2	35	33
EA No. 3. Consett U.D. ...	1	5	36	19	33	—	1	23	14	18	2	5	—	—	6	5	1	2	1	—	3	—	7	6	58	36
Stanley U.D. ...	1	7	27	22	19	1	—	13	19	13	2	4	2	—	6	1	2	3	—	—	—	2	5	3	35	41
Lanchester R.D. ...	2	—	15	10	9	—	—	9	9	4	—	3	1	—	2	3	—	—	2	—	—	—	2	1	20	16
EA No. 4. Chester-le-Street U.D.	—	3	15	20	9	1	—	12	6	9	2	3	1	—	5	—	1	—	—	—	2	—	3	2	28	19
Chester-le-Street R.D.	2	7	45	25	23	1	1	19	19	14	5	9	5	—	7	8	—	2	—	—	5	—	5	2	52	50
EA No. 5. Boldon U.D. ...	1	5	20	15	9	—	—	13	6	9	3	5	—	—	4	1	3	—	—	—	—	—	2	4	28	22
Hetton U.D. ...	1	—	20	8	9	—	1	6	9	10	—	4	1	—	1	—	1	—	—	—	—	1	3	1	20	18
Houghton-le-Spring U.D. ...	3	1	19	22	11	—	3	11	8	12	2	1	1	—	6	1	—	1	—	—	1	1	6	2	31	25
Seaham U.D. ...	1	4	13	13	13	—	—	12	11	1	—	3	1	—	6	3	2	—	1	—	—	—	—	4	18	26
Washington U.D. ...	3	1	14	8	6	—	1	4	6	8	2	2	1	—	2	1	—	—	—	—	—	—	2	3	15	17
Sunderland R.D. ...	1	1	21	28	17	—	—	16	10	15	2	4	—	—	2	2	4	1	—	—	—	—	7	5	44	24
EA No. 6. Crook & Willington U.D. ...	2	1	25	9	8	1	—	13	6	10	1	1	3	—	1	2	1	1	—	—	1	1	3	—	31	14
Fow Law U.D. ...	—	—	2	1	4	—	—	—	2	2	—	1	—	—	1	1	—	—	—	—	—	—	—	3	3	4
Weardale R.D. ...	—	1	5	7	—	—	—	2	1	4	—	1	—	—	—	1	—	—	—	—	—	—	3	1	10	3
EA No. 7. Durham M.B. ...	1	1	21	10	15	—	—	8	11	9	3	2	1	—	2	1	1	—	—	—	2	1	2	5	23	25
Brandon & Byshottles U.D. ...	—	1	14	10	16	—	—	8	7	12	—	3	—	—	2	2	3	2	—	—	—	1	—	1	25	16
Durham R.D. ...	2	3	29	23	20	—	1	15	12	18	2	7	2	—	3	3	3	2	—	—	1	—	5	3	45	32
EA No. 8. Barnard Castle U.D.	—	2	1	5	6	—	—	3	1	2	1	3	—	—	1	—	—	—	—	1	—	—	2	—	7	7
Barnard Castle R.D.	1	—	8	10	10	1	—	4	10	1	—	—	2	—	2	—	—	1	—	1	1	—	3	3	10	19
EA No. 9. Bishop Auckland U.D.	—	5	37	20	8	1	—	13	12	16	1	3	—	—	6	3	4	—	2	—	—	—	4	5	43	27
Childon U.D. ...	1	2	11	6	6	—	1	1	6	4	—	3	—	—	3	1	1	—	—	1	—	—	4	1	11	15
Spennymoor U.D. ...	—	1	14	8	14	2	1	10	11	4	—	3	1	—	3	—	1	—	1	—	—	—	—	—	18	19
EA No. 10. Hartlepool M.B. ...	1	3	17	16	5	—	—	12	5	12	—	1	—	—	2	2	3	—	1	—	1	—	2	1	33	9
Billingham U.D. ...	1	2	27	14	7	2	—	15	5	14	1	2	—	—	3	1	3	—	—	—	—	—	3	2	38	13
Darlington R.D. ...	1	2	18	11	4	—	1	2	5	12	1	3	1	—	4	—	2	2	—	—	—	1	1	1	17	19
Sedgefield R.D. ...	3	3	32	27	13	—	—	16	10	22	1	11	—	—	5	—	1	—	—	—	—	1	5	6	44	34
Stockton R.D. ...	1	—	9	4	6	—	—	3	6	2	—	3	2	—	—	—	2	—	—	—	—	—	2	—	9	11
Wasington R.D. ...	—	11	56	47	37	3	2	40	32	17	3	8	2	—	17	1	2	—	—	1	1	—	14	8	78	73
Stockton M.B. ...	2	10	58	45	44	1	—	27	35	37	9	8	2	—	8	3	5	1	—	—	4	4	4	11	81	78
ADMINISTRATIVE COUNTY	34	112	783	559	453	19	14	399	365	405	52	120	33	—	135	56	52	24	7	9	24	17	116	94	1078	863

TABLE 22.

## MENTAL HEALTH SERVICE—HOSPITAL ADMISSIONS, 1963.

	HOSPITAL	SECTION 25 (Observation)	SECTION 26 (Treatment)	SECTION 29 (Emergency)	SECTION 39 (Leave Revoked)	SECTION 40 (Absence without leave)	SECTION 60 (Court Orders)	INFORMAL	TEMPORARY (Cir. 5/52)
MENTALLY ILL	Cherry Knowle, Ryhope ... ..	—	—	13	—	—	1	4	—
	Lee Hill, Lanchester ... ..	—	—	3	—	—	—	1	—
	St. Luke's, Middlesbrough ... ..	—	—	—	—	—	—	1	—
	Newcastle General ... ..	1	—	1	—	—	—	1	—
	South Shields General ... ..	—	—	9	—	1	—	19	—
	St. Mary's, Stannington ... ..	2	3	29	3	3	1	105	—
	St. Nicholas, Gosforth ... ..	94	7	21	—	—	—	56	—
	West Hartlepool General ... ..	—	—	13	—	—	—	3	—
	Winterton, Sedgefield ... ..	33	9	380	2	3	—	130	—
	The Retreat, York ... ..	—	1	—	—	—	—	—	—
	TOTALS ...	130	20	469	5	7	2	320	—
MENTALLY SUB- NORMAL	Aycliffe ... ..	—	—	—	—	—	2	14	2
	Prudhoe and Monkton ... ..	—	1	—	—	—	5	44	72
	Winterton, Sedgefield ... ..	—	—	—	—	—	—	1	—
	Northgate, Morpeth ... ..	—	1	—	—	—	—	—	—
	TOTALS ...	—	2	—	—	—	7	59	74

TABLE 23.

ADMINISTRATIVE COUNTY OF DURHAM, 1963.

Numbers of all cases of infectious and other notifiable diseases originally notified, and of the final numbers according to sex and age after corrections subsequently made either by notifying medical practitioners or medical superintendents of hospitals.

	Scarlet fever		Whooping cough		Acute poliomyelitis				Measles (excluding rubella)		Diphtheria		Dysentery		Meningo-coccal infection	
	M	F	M	F	Paralytic		Non-paralytic		M	F	M	F	M	F	M	F
<b>Numbers originally notified</b>																
Total (All Ages) ...	108	132	427	502	—	—	—	—	8,250	8,110	1	—	305	370	12	8
<b>Final numbers after correction</b>																
Under 1 year ...	1	1	69	59	—	—	—	—	359	343	—	—	11	12	2	2
1— " ...	1	3	51	67	—	—	—	—	1,020	899	—	—	19	22	4	—
2— " ...	8	7	57	69	—	—	—	—	1,157	1,144	—	—	27	26	1	1
3— " ...	8	7	50	63	—	—	—	—	1,169	1,101	—	—	15	10	1	—
4— " ...	13	11	53	51	—	—	—	—	1,135	1,233	—	—	20	13	—	—
5—9 " ...	61	84	130	165	—	—	—	—	3,241	3,148	—	—	57	63	—	1
10—14 " ...	16	16	14	18	—	—	—	—	114	142	—	—	20	17	2	1
15—24 " ...	—	2	—	2	—	—	—	—	31	49	—	—	10	16	—	1
25 and over ...	—	2	—	6	—	—	—	—	8	11	—	—	48	120	—	2
Age unknown ...	—	—	—	—	—	—	—	—	16	37	—	—	1	1	—	—
Total (All Ages) ...	108	133	424	500	—	—	—	—	8,250	8,107	—	—	228	300	10	8
	Acute pneumonia		Smallpox		Acute encephalitis				Enteric or Typhoid fever		Paratyphoid fevers		Erysipelas		Food poisoning	
	M	F	M	F	Infective		Post-infectious		M	F	M	F	M	F	M	F
<b>Numbers originally notified</b>																
Total (All Ages) ...	175	126	—	—	3	2	1	2	—	2	4	2	8	13	311	99
<b>Final numbers after correction</b>																
Under 5 years ...	32	31	—	—	1	2	1	—	—	—	—	—	—	1	10	7
5—14 " ...	12	9	—	—	1	—	—	1	—	—	1	—	—	—	114	4
15—44 " ...	30	18	—	—	1	—	—	—	—	1	1	1	—	3	143	36
45—64 " ...	60	18	—	—	—	—	—	1	—	—	—	—	6	6	6	13
65 and over ...	40	49	—	—	—	—	—	—	—	—	—	—	2	3	—	4
Age unknown ...	1	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Total (All Ages) ...	175	126	—	—	3	2	1	2	—	1	2	1	8	14	273	64
	Tuberculosis						Other notifiable diseases									
	Respiratory		Meninges & C.N.S.*		Other		Original				Final				Puerperal pyrexia	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Ophthalmia neonatorum	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Malaria	
<b>Numbers originally notified</b>																
Total (All Ages) ...	210	120	2	3	28	27										
<b>Final numbers after correction</b>																
Under 5 years ...	7	7	1	—	1	—										
5—14 years ...	6	16	1	1	2	1										
15—24 " ...	39	39	—	2	6	8										
25—44 " ...	55	41	—	—	9	13										
45—64 " ...	85	14	—	—	10	2										
65 and over ...	18	3	—	—	—	3										
Age unknown ...	—	—	—	—	—	—										
Total (All Ages) ...	210	120	2	3	28	27										

\* Central nervous system.





ADMINISTRATIVE COUNTY OF DURHAM, 1963.—Corrected Number of Infectious Diseases notified in each sanitary district.

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TABLE 25.

ADMINISTRATIVE COUNTY OF DURHAM, 1963—Notifiable Diseases. Corrected number of Cases and Deaths.

Diseases.												Cases.	Deaths.
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	241	—
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	924	—
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	—	—
Measles	...	...	...	...	...	...	...	...	...	...	...	16,357	—
Pneumonia	...	...	...	...	...	...	...	...	...	...	...	301	711
Meningococcal Infection	...	...	...	...	...	...	...	...	...	...	...	18	9
Acute Poliomyelitis—													
Paralytic	...	...	...	...	...	...	...	...	...	...	...	—	—
Non-Paralytic	...	...	...	...	...	...	...	...	...	...	...	—	—
Acute Encephalitis—													
Infective	...	...	...	...	...	...	...	...	...	...	...	5 }	5
Post-Infectious...	...	...	...	...	...	...	...	...	...	...	...	3 }	
Ophthalmia Neonatorum	...	...	...	...	...	...	...	...	...	...	...	3	—
Puerperal Pyrexia	...	...	...	...	...	...	...	...	...	...	...	75	—
Smallpox	...	...	...	...	...	...	...	...	...	...	...	—	—
Para-Typhoid Fever	...	...	...	...	...	...	...	...	...	...	...	3	—
Enteric or Typhoid Fever	...	...	...	...	...	...	...	...	...	...	...	1	—
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	22	—
Malaria	...	...	...	...	...	...	...	...	...	...	...	1	—



TABLE 26.

ADMINISTRATIVE COUNTY OF DURHAM—Corrected number of cases of certain Infectious Diseases notified, 1954-1963

	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	Mean of 10 years.
Smallpox ... ..	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ... ..	741	413	846	945	762	686	400	274	145	241	545
Diphtheria ... ..	11	6	—	—	1	—	—	—	—	—	2
Enteric & Para-Typhoid Fevers	15	41	7	11	6	12	5	2	5	4	11
Puerperal Pyrexia ... ..	136	129	104	126	97	71	49	101	86	75	97
Erysipelas ... ..	91	79	91	74	37	55	40	30	20	22	54
TOTALS ... ..	994	668	1,048	1,156	903	824	494	407	256	342	709
Attack Rate per 1,000 Living ...	1.1	0.7	1.1	1.2	1.0	0.9	0.5	0.4	0.3	0.4	0.8

TABLE 27.

ADMINISTRATIVE COUNTY OF DURHAM—Deaths and Death-rate from the seven principal Infective Diseases, 1954-1963.

	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	Mean of 10 years
Estimated Population	910,690	914,600	921,600	928,800	935,800	943,700	950,870	955,050	964,550	969,580	939,524
Smallpox ... ..	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ... ..	—	—	1	—	—	—	—	—	—	—	—
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever ... ..	—	—	—	1	—	—	—	—	—	—	—
Measles ... ..	2	6	1	2	—	2	—	—	—	—	1
Whooping Cough ... ..	6	2	1	1	—	1	—	1	—	—	1
Diarrhoea and Enteritis under 2 years ... ..	27	17	9	11	10	11	9	6	14	10	13
TOTAL DEATHS ... ..	35	25	12	15	10	14	9	7	14	10	15
Deaths per 1,000 Population ... ..	0.04	0.03	0.01	0.02	0.01	0.01	0.009	0.007	0.015	0.010	0.016

TABLE 28.

## ADMINISTRATIVE COUNTY OF DURHAM, 1963.

Results of examination of samples of raw, pasteurised and sterilised milk collected by officers of the County Health Department.

	No. of samples taken	Methylene Blue Test.				Phosphatase Test			Biological Test for Tuberculosis, etc.					Turbidity Test		
		Passed	Failed	Inconclusive	% Failed	Passed	Failed	% Failed	No. of samples taken	Negative	Positive	Inconclusive	% Positive	Passed	Failed	% Failed
<i>Pasteurised Milk</i>																
(a) Dairies ...	370	368	2	—	0.54	370	—	—	—	—	—	—	—	—	—	—
(b) Schools ...	220	208	7	5	3.18	219	1	0.45	—	—	—	—	—	—	—	—
(c) Hospitals...	65	65	—	—	—	65	—	—	—	—	—	—	—	—	—	—
(d) Dealers ...	1,423	1,348	57	18	4.0	1,421	2	0.14	—	—	—	—	—	—	—	—
	2,078	1,989	66	23	3.17	2,075	3	0.13	—	—	—	—	—	—	—	—
<i>Raw Milk</i>																
(a) Farms ...	125	109	16	—	12.8	—	—	—	31	31	—	—	—	—	—	—
(b) Dealers ...	314	243	63	8	20.0	—	—	—	153	144	8	1	5.2	—	—	—
	439	352	79	8	17.9	—	—	—	184	175	8	1	5.2	—	—	—
<i>Sterilised Milk ...</i>																
(a) Dairies ...	44	—	—	—	—	—	—	—	—	—	—	—	—	44	—	—
(b) Dealers ...	258	—	—	—	—	—	—	—	—	—	—	—	—	257	1	0.38
	302	—	—	—	—	—	—	—	—	—	—	—	—	301	1	0.33
TOTALS ...	2,819	2,341	145	31	5.14	2,075	3	0.13	184	175	8	1	5.2	301	1	0.33

TABLE 29.

## HOUSING.

Statement as to the position of Housing in the Administrative County of Durham on the 31st December, 1963  
(Figures supplied by District Councils).

Districts.	Houses Erected during 1963 by			Total No. of Inhabited Houses in District.
	Local Authority	Any Other Housing Authority.	Private Persons.	
<i>Area No. 1.</i>				
Blaydon U.D. ... ..	63	—	170	10,273
Ryton U.D. ... ..	25	—	36	4,842
Whickham U.D. ... ..	—	—	275	8,417
<i>Area No. 2.</i>				
Jarrow M.B. ... ..	30	6	45	8,451
Felling U.D. ... ..	77	155	63	12,183
Hebburn U.D. ... ..	123	—	45	7,962
<i>Area No. 3.</i>				
Consett U.D. ... ..	38	—	67	12,228
Stanley U.D. ... ..	122	—	40	14,615
Lanchester R.D. ... ..	—	1	40	4,473
<i>Area No. 4.</i>				
Chester-le-Street U.D. ... ..	53	—	131	6,597
Chester-le-Street R.D. ... ..	146	—	360	13,936
<i>Area No. 5.</i>				
Boldon U.D. ... ..	44	142	127	8,045
Hetton U.D. ... ..	38	—	33	5,395
Houghton-le-Spring U.D. ... ..	68	—	116	10,343
Seaham U.D. ... ..	76	—	2	7,952
Washington U.D. ... ..	58	—	104	6,164
Sunderland R.D. ... ..	104	—	129	9,226
<i>Area No. 6.</i>				
Crook and Willington U.D. ... ..	—	—	5	8,611
Tow Law U.D. ... ..	—	—	—	983
Weardale R.D. ... ..	23	—	2	3,172
<i>Area No. 7.</i>				
Durham M.B. ... ..	27	118	118	6,538
Brandon and Byshottles U.D. ... ..	42	27	10	6,574
Durham R.D. ... ..	83	—	150	11,540
<i>Area No. 8.</i>				
Barnard Castle U.D. ... ..	—	3	11	1,694
Barnard Castle R.D. ... ..	24	—	14	5,964
<i>Area No. 9.</i>				
Bishop Auckland U.D. ... ..	—	8	56	11,503
Shildon U.D. ... ..	63	—	3	4,643
Spennymoor U.D. ... ..	—	72	31	6,171
<i>Area No. 10.</i>				
Hartlepool M.B. ... ..	22	5	37	5,277
Billingham U.D. ... ..	142	—	101	10,174
Darlington R.D. ... ..	18	191	72	7,823
Sedgefield R.D. ... ..	58	—	9	11,294
Stockton R.D. ... ..	50	—	195	3,509
Easington R.D. ... ..	115	274	18	27,676
Stockton M.B. ... ..	305	—	210	25,067
Total ... ..	2,037	1,002	2,825	309,315

TABLE 30.

## CLOSET ACCOMMODATION.

The following table gives the number and type of convenience in each sanitary district of the county at the end of 1963. In addition information is given in the table as to the conversions of ashpit privies and ash-closets into water-closets during the year.

DISTRICTS.	Total number in District			Ashpit Privies converted into Water-Closets.	Ash Closets converted into Water-Closets
	Water-Closets	Ash-Closets	Ashpit Privies		
AREA No. 1.					
Blaydon U.D. ... ..	12,718	45	—	—	1
Ryton U.D. ... ..	5,011	—	13	2	—
Whickham U.D. ... ..	9,030	3	34	—	—
AREA No. 2.					
Jarrow M.B. ... ..	10,954	—	—	—	—
Felling U.D. ... ..	13,119	9	—	—	—
Hebburn U.D. ... ..	7,977	—	—	—	—
AREA No. 3.					
Consett U.D. ... ..	13,996	36	8	—	8
Stanley U.D. ... ..	15,458	63		—	—
Lanchester R.D. ... ..	4,635	70	35	1	1
AREA No. 4.					
Chester-le-Street U.D. ... ..	7,762	20	—	—	—
Chester-le-Street R.D. ... ..	12,274	90	—	—	—
AREA No. 5.					
Boldon U.D. ... ..	8,944	15		1	
Hetton U.D. ... ..	5,494	34	17	—	—
Houghton-le-Spring U.D. ... ..	10,645	20	6	—	—
Seaham U.D. ... ..	9,587	—	6	—	—
Washington U.D. ... ..	7,196	—	3	—	—
Sunderland R.D. ... ..	8,722	—	33	—	—
AREA No. 6.					
Crook & Willington U.D. ... ..	9,117	440	23	—	4
Tow Law U.D. ... ..	748	282	—	—	36
Weardale R.D. ... ..	2,599	485	85	25	51
AREA No. 7.					
Durham M.B. ... ..	7,508	15	6	—	—
Brandon and Byshottles U.D. ... ..	6,062	546	6	—	6
Durham R.D. ... ..	1,679	160	13	—	4
AREA No. 8.					
Barnard Castle U.D. ... ..	2,342	3	1	—	—
Barnard Castle R.D. ... ..	5,263	845		151	
AREA No. 9.					
Bishop Auckland U.D. ... ..	12,310	852	81	19	76
Shildon U.D. ... ..	4,962	—	66	—	98
Spennymoor U.D. ... ..	7,304	255	10	—	5
AREA No. 10.					
Hartlepool M.B. ... ..	5,264	10	3	—	—
Billingham U.D. ... ..	10,392	4	17	1	—
Darlington R.D. ... ..	7,665	158		49	
Sedgefield R.D. ... ..	13,345	161		7	
Stockton R.D. ... ..	3,616	27	—	—	—
Easington R.D. ... ..	28,142	97	70	—	—
Stockton M.B. ... ..	31,261	—	—	—	—



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